

# **A STUDY ON THE SYMPTOMATOLOGY AND DIAGNOSTIC METHODOLOGY OF ORUTHALAI VATHA BEDHAM**



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**DOCTOR OF MEDICINE  
(Siddha)**

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## DECLARATION BY THE CANDIDATE

I hereby declare that this Dissertation entitled “***A STUDY ON THE SYMPTOMATOLOGY AND DIAGNOSTIC METHODOLOGY OF ORUTHALAI VATHA BEDHAM***” is a bonafide and genuine research work carried out by me under the guidance of **Dr.S.Elansekaran M.D (S),PhD., Lecturer**, Dept of Noi Naadal, National Institute of Siddha, Chennai – 47, and the dissertation has not formed the basis for the award of any other degree, Diploma, Fellowship or other similar title.

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Date: 29.06.2018

Signature of the Candidate

## **BONAFIDE CERTIFICATE**

Certified that I have gone through the dissertation submitted by **Dr.P.Preetha (Reg.No: 321515203)** a bonafide student of final year M.D(s), Branch-V, Department of Noi Naadal, National Institute of Siddha, Tambaram Sanatorium, Chennai - 47, and the dissertation work has been carried out by the individual only. This dissertation does not represent or reproduce the dissertation submitted and approved earlier.

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Name and Signature of the Director  
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## 1. INTRODUCTION

The ancient days of civilization is based on Lord Shiva cult, which was instigated by the great Siddhars. According to the Siddha system Lord Shiva is considered as the first Siddhar, whose determination for human being is to get salvation through following the three stages such as healthy living, adopting good principles, and attaining spiritual knowledge. Our body type is determined at birth by genetic and karmic memory, it is considered as our nature or prakirithi. The principle that constitute the human being are called thathuvams that not only include the physical components but also the intellectual and psychological components which are numbered as 96 in literatures. Thodams are the organising forces that maintain health and eliminate body wastes which also maintain the equilibrium of the body and confirm the pathological conditions.

“அண்டத்தி லுள்ளதே பிண்டம்  
பிண்டத் திலுள்ளதே அண்டம்  
அண்டமும் பிண்டமு மொன்றே  
அறிந்துதான் பார்க்கும் போதே”

-சட்டமுனிஞானம்

The concept equilibrium of the humours in the body depends upon various factors such as age, climate, environment etc., which determines the disease condition of the body. For attaining the spiritual knowledge, Siddhars classified many principles regarding the health of the living beings because it is the first way for attaining salvation, which need proper diagnosis of the pathological conditions by encounter the lines of siddha literatures precisely. Diagnosis plays a significant role in treatment aspect because without perspicuous knowledge in literatures about the signs and symptoms of the diseases confined the gaining of knowledge within the limit.

“சீவனென சிவனென வேறில்லை”

-திருமந்திரம்

According to Siddha system of medicine the Siddhars classified the diseases into 4448 in which vatha diseases are classified into 80types by Sage Yugi . Oru thalai vatha bedham is one of the vadha diseases which is characterised by hemicranial headache, like throbbing pain, lacrimation, anorexia, sleeplessness, horripilation, deep breath mentioned by

sage Yugi moreover it resembles the primary headache syndrome in literature of modern science.

As many as 90% of individuals have atleast one headache per year. Severe disabling headache is reported to occur atleast annually by 40% of individuals worldwide. It is one of the benign symptom but occasionally it is manifested as serious illness. Therefore it is imperative that the serious causes of headache be diagnosed rapidly and accurately .

Primary headaches are a group of festinating syndromes in which headache and associated features are seen. The common syndrome are Tension type of headache, migrane, cluster headache, Trigeminal neuralgia, hemicranias continua which all starts at the age of 20-40 years old. The diagnosis in Siddha system is rooted deeply in the principles, which explains the system in depth so it is inseperable. Siddha system has uniqueness in its diagnotic methods, the present study includes the Nilam, Seasonal variations, Udaliyal, Envagaithervu and Manikadai nool of every patient should be monitored. The eight fold examination employed in finding the thodam type of a person which is a non-invasive Siddha technique which includes( Naadi, Sparism, Naa, Niram, Mozhi, Vizhi, Malam, Moothiram ) Manikadai nool as a diagnostic method which is made by measuring the wrist circumference. The diagnosis and prognosis is monitored by reading the pulse regularly which are recorded precisely.

## 2. AIM & OBJECTIVE

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### 2.1. AIM:

To evaluate the diagnostic methodology and symptomatology for “Oruthalai Vatha Bedham” through Envagai thervu, Kaalam, Nilam and Manikadai Nool.

### 2.2. OBJECTIVES:

- To collect literary evidences about Oruthalai Vatha Bedham.
- To study the detailed etiological factors of Oruthalai Vatha Bedham.
- To find out the changes of Udal Thathu and Uyir Thathu.
- To analyse the signs and symptoms of Oruthalai Vatha Bedham.
- To correlate the symptoms of Oruthalai Vatha Bedham with that of closely resembling conditions in modern medical literature.
- To have an idea of incidence of the Oruthalai Vatha Bedham with reference to sex, age and habit.
- To standardize the line of treatment for Oruthalai Vatha Bedham.
- To recommend a dietary regimen for Oruthalai Vatha Bedham.



### 3.REVIEW OF SIDDHA LITERATURE

#### 3.A. SUGARANA NILAI IN SIDDHA MEDICINE (PHYSIOLOGY)

The five basic elements, namely Aagayam (Space), Kaal (Air), Thee (Fire), Neer (Water), and Mann (Earth) are the building blocks of all the physical and subtle bodies existing in this whole universe. These are called as the ‘Adippadai boothams’ (Basic Elements) (or) ‘Panchaboothams’.

These five elements altogether constitute the human body and also the origin of other materialised objects, explained as Panchcheekaranam (Mutual Intra Inclusion). None of these elements could act independently by themselves. They could act only in co-ordination with other four elements. All the living creatures and the non-living things are made up of these five basic elements.

##### உலகம் பஞ்ச பூதம்

"நிலம் நீர்தீவளி விசும்போடைந்தும்  
கலந்தமயக் கமுலகம் மாதலின்"

-தொல்காப்பியம்

##### தேகம் பஞ்ச பூதம்

"தலங்காட்டி இந்தச் சடமான ஐம்பூதம்  
நிலங்காட்டி நீர் காட்டி நின்றிடுந் தீ காட்டி  
வலங்காட்டி வாயுவால் வளர்ந்தே இருந்த  
குலங்காட்டி வானில் குடியாய் இருந்ததே"

-பதினெண் சித்தர் நாடி சாஸ்திரம்

As per the above lines, the universe and the human body are made of five basic elements.

#### A.THE 96 BASIC PRINCIPLES (96 THATHUVAM):

According to Siddha system of medicine, ‘Thathuvam’ is considered as a science that deals with basic functions of the human body. Siddhars described 96 principles as the basic constituents of human body that include physical, physiological, psychological and intellectual components of an individual. These 96 Thathuvams are considered to be the cause and effect of our physical and mental well-being. The Thathuvam is the author of the conception of human embryo on which the theory of medicine is based.

### **1. BOOTHAM – 5 (ELEMENTS):**

- Mann - Earth
- Neer - Water
- Thee - Fire
- Vaayu - Air
- Aagayam - Space

### **2. PORI -5 (SENSORY ORGANS):**

- Mookku (Nose) - It is a component of Mann bootham
- Naakku (Tongue) - It is a component of Neer bootham
- Kan (Eye) - It is a component of Thee bootham
- Thol (Skin) - It is a component of Vaayu bootham
- Kadhu (Ear) - It is a component of Aagayam bootham

### **3. PULAN -5 (FUNCTIONS OF SENSORY ORGANS):**

- Nugarthal - Smell : It is a component of Mann bootham
- Suvaithal - Taste : It is a component of Neer bootham
- Paarthal - Vision : It is a component of Thee bootham
- Thoduthal - Touch : It is a component of Vaayu bootham
- Kettal - Hearing : It is a component of Aagayam bootham

### **4. KANMENTHIRIYAM – 5 (MOTOR ORGANS) AND KANMAVIDAYAM**

- Vaai(Mouth) – Vasanam - Vaaku - The speech occur in relation with Space element
- Kaal (Leg) - kamanam- Paadham -The walking take place in relation with Air element.
- Kai (Hands) – Dhaanam – Paani - Giving and taking are carried out with Fire element
- Eruvai (Rectum) – Visarkam- Paayuru -The excreta is removed in association with Water element
- Karuvai (Genital organ) – Aanandham – Ubastham - Sexual acts are carried out in association with Earth element.

## **5. KARANAM – 4 (INTELLECTUAL FACULTIES)**

- Manam – Thinking about a thing
- Bhuddhi – Deep thinking or analyzing of the thought
- Siddham – Determination to achieve it
- Agankaaram – Achievement faculty

## **6. ARIVU – 1 (WISDOM OF SELF REALIZATION)**

To analyse good and bad.

## **7. NAADI -10 (Channels of Life Force responsible for the Dynamics of Life energy)**

- Idakalai – Starts from the right big toe and ends at the left nostril.
- Pinkalai – Starts from the left big toe and ends at the right nostril.
- Suzhumunai – Starts from moolaathaaram & extend upto centre of head.
- Siguvai – Located at the root of tongue, helps in swallowing food.
- Purudan – Located in right eye.
- Kanthari – Located in left eye.
- Aththi – Located in right ear.
- Alambudai – Located in left ear.
- Sangini – Located in genital organs.
- Gugu – Located in anorectal region.

## **8. VAAYU – 10 (Vital nerve force which is responsible for all kinds of movements)**

### **• PRANAN (UYIR KAAL):**

This is responsible for the respiration of the tissues, controlling knowledge, mind and five sense organs and digestion of the food taken in.

### **• ABANAN (KEEL NOKKU KAAL):**

It lies below the umbilicus. It is responsible for the downward expulsion of stools and urine, ejaculation of semen and menstruation, child birth.

### **• VIYANAN (PARAVU KAAL):**

This is responsible for the motor and sensory functions of the entire body and the distribution of nutrients to various tissues.

### **• UTHANAN (MEL NOKKU KAAL):**

It originates at utharakini. It is responsible for digestion, absorption and distribution of food. It is responsible for all the upward movements.

- **SAMANAN (NADUKKAL):**

This is responsible for the neutralization of the other 4 valis, i.e. Pranan, Abanan, Viyanan and Uthanan. Moreover it is responsible for the nutrients and water balance of the body.

- **NAAGAN:**

It is a driving force of eye balls and responsible for their movements.

- **KOORMAN:**

It is responsible for the opening and closing of the eyelids and also vision. It is responsible for yawning.

- **KIRUKARAN:**

It is responsible for the salivation of the tongue and also nasal secretion. Responsible for cough and sneezing and induces hunger.

- **DEVATHATHAN:**

This aggravates the emotional disturbances like anger, lust and frustration etc. As emotional disturbance influence to a great extent the physiological activities, it is responsible for the emotional upsets.

- **DHANANCHEYAN:**

Expelled after 3 days of death by bursting out of the cranium. It is responsible for edema, plethora and abnormal swellings in the body in the pathological state.

## 9. ASAYAM – 5 (VISCERAL CAVITIES):

- **Amarvasayam** (Reservoir organ): Stomach (digestive organ). It lodges the ingested food.
- **Pakirvasayam** (Digestive site): Small intestine. The digestion of food, separation and absorption of saaram from the digested food are done by this asayam.
- **Malavasayam** (Excretory organ for the solid waste): Large Intestine, especially rectum. Responsible for the expulsion of undigested food parts and flatus.
- **Salavasayam** (Excretory organ for the liquid waste): Urinary bladder, kidney. Responsible for the formation and excretion of urine.
- **Sukkilavasayam** (Genital organs): Place for the formation and growth of the sperm and ovum.

## **10. KOSAM – 5 (FIVE STATES OF THE HUMAN BODY OR SHEATH):**

- Annamaya Kosam – physical Sheath (Gastro intestinal system)
- Pranamaya Kosam – Respiratory Sheath (Respiratory system)
- Manomaya Kosam – Mental Sheath (Cardio vascular system)
- Vignanamaya Kosam – Intellectual Sheath (Nervous system)
- Anandhamaya Kosam – Blissful Sheath (Reproductive system)

## **11. AATHARAM – 6 (STATIONS OF SOUL):**

### **· MOOLADHARAM :**

Situated at the base of the spinal column between genital organ and anal orifice. Letter “ஐ” is inscribed.

### **· SWATHITANAM :**

Located 2 finger breadths above the Mooladharam, (i.e) between genital and naval region. Letter “ந” is inscribed. Earth element attributed to this region.

### **· MANIPOORAGAM :**

Located 8 finger breadths above the Swathitanam, (i.e) at the naval center. Letter “ம” is inscribed. Element is Water.

### **· ANAKATHAM :**

Located 10 finger breadths above Manipooragam, (i.e) location of heart. Letter “சி” is inscribed. Element is Fire

### **· VISUTHI :**

Located 10 finger breadths above the Anakatham (i.e) located in throat. Letter “ஊ” is inscribed. Element is Air.

### **· AAKINAI :**

Located between two eyebrows. Element is Space. Letter “ஐ” is inscribed.

## **12. MANDALAM- 3 (REGIONS):**

### **· Thee Mandalam (Agni Mandalam) Fire zone**

Fire Region, found 2 fingers width above the Mooladharam.

### **· Gnayiru Mandalam (Soorya Mandalam) Solar zone**

Solar Region, located with 4 fingers width above the umbilicus.

### **· Thingal Mandalam(Chandra Mandalam) Lunar zone**

Lunar Region, located at the center of two eye brows.

### 13. MALAM – 3 (THREE IMPURITIES OF THE SOUL):

- **AANAVAM :**

This act makes clarity of thought, knowing the power of the soul, yielding to the Egocentric consciousness like ‘I’ and ‘Mine’ considering everything is to his own. (Greediness)

- **KANMAM :**

Goes in collusion with the other two and responsible for incurring paavam (the Sin) and Punniyam (virtuous deed/Sanctity)

- **MAYAI :**

Claiming ownership of the property of someone else and inviting troubles.

### 14. THODAM – 3 (THREE HUMOURS) :

- **VALI (VATHAM) :**

It is a creative force, formed by Vaayu & Aakaya bootham.

- **AZHAL (PITHAM)**

It is a protective force, formed by Thee bootham

- **IYYAM (KABAM)**

It is a destructive force, formed by Mann & Neer bootham

### 15. EADANAI - 3 (PHYSICAL BINDINGS) :

Materialistic affinity Sibbling / Familial bonding

- **Porul patru** - Material bindings

- **Puthalvar patru** - Offspring bindings

- **Ulag patru** - Worldly bindings

### 16. GUNAM – 3 (THREE COSMIC QUALITIES) :

- **Sathuva Gunam (*Characters of Renunciation or Ascetic Virtues*) :**

The grace, control of sense, wisdom, penance, generosity, excellence, silence and truthfulness are the qualities attributed to the benevolent trait.

- **Raso Gunam (*Characters of Ruler*) :**

Enthusiasm, wisdom, valour, virtue/penance offering gift, art of learning and listening are the 8 traits.

• **Thamo Gunam (*Carnal and Immoral Characters*) :**

Immortality, lust, killing laziness, violation of justice, gluttony falsehood, forgetfulness and fraudulence etc.

**17. VINAI – 2 (ACTS) :**

- **Nalvinai** - Good Acts (Meritorious acts)
- **Theevinai** - Bad Acts (Sinful acts)

**18. RAGAM – 8 (THE EIGHT PASSIONS) :**

- Kaamam – Desire
- Kurotham – Hatred
- Ulobam – Stingy
- Moham – Lust (Intense or Sexual desire, infatuation)
- Matham – Pride (The feeling of respect towards one's self)
- Marcharyam – Internal conflict, Envy
- Idumbai – Mockery
- Ahankaram – Ego

**19. AVATHAI – 5 (FIVE STATES OF CONSCIOUSNESS) :**

· **NINAIVU-AWAKENED STATE (*Sakkiram*)**

This state exists between the eye-brows. The four strengths, the five senses, the five actions (*Asayam*) and the four *Andhakaranas* are active in this state.

· **KANAVU- Dream state (*Swappanam*)**

Dream state is one in which the five senses and five actions lie dormant at Adam's apple (Throat).

· **URAKKAM- Sleeping state (*Suzhuthi*)**

This is the state in which the Anthakaranas are associated with the soul but these could not be expressed to others and its seat being thorax.

· **PERURAKKAM- Deep sleep (*Turiyam*)**

The seevathma, along with wisdom lies at the navel region, here respiration takes place.

· **UYIRPADAKKAM- Immersed state of seevathma (*Turiyatheetham*)**

The seevathma is deeply immersed in the moolathara without the awareness of impurity (malam), sloth (Mantham), delusion (maya) and other sense of touch.

## THE UYIR THATHUKKAL :

The physiological units of the Human body are **Vali** (Vatham), **Azhal** (Pitham) and **Iyyam** (Kabam). They are also formed by the combination of the five elements.

**Vaatham = Vaayu+Aagayam : Creative force**

**Pitham = Thee : Force of preservation**

**Kabam = Mann+Neer : Destructive force**

As per the above lines the Universe and the human body are made of five elements. If these three humours are in the ratio 1:½:¼ in equilibrium or in normal condition, then they are called as the Life forces.

## SITES OF UYIR THATHUKKAL :

"பொங்கிய தைந்துக்குள் பொல்லாதது இம் மூன்றுதான்  
தங்கிய வாயு சமத்தன் மகாவாதம்  
பங்கிய வன்னியால் பகுந்தது பித்தமே  
பகுந்த சலத்தில் பரிசிக்கும் நல்லையும்  
வகுந்த இம்மூன்றால் வளர்ந்தது நோயெல்லாம்  
அகுந்தது தானறிந்து அளவிட்ட யோகிகள்  
மகிழ்ந்தே யிதில் நின்ற மயக்கம் அறிவாறே"

-பதினெண் சித்தர் நாடி சாஸ்திரம்

## THE FORMATION OF UYIR THATHUKKAL

**மூவகை நாடியும் உயிர் தாதுவும்**

"தாது முறையே தனிஇடை வாதமாம்  
போதுறு பின்கலை புகன்றது பித்தமாம்  
மாது சுழுமுனை வழங்கிடும் ஐயமாம்  
ஓது முறை பார்த்து உணர்ந்தவர் சித்தரே"

-பதினெண் சித்தர் நாடி சாஸ்திரம்

**மூவகை வாயுவும் உயிர் தாதுவும்**

"உணர்ந்த அபானன் உறும் அந்த வாதத்தில்  
புணர்ந்த பிராணன் புகும் அந்தப் பித்தத்தில்  
அணைந்த சமானன் அடங்கும் கபத்தோடு  
இணைந்திவை மூன்றுக்கு எடுத்த குறி ஒன்றே"

-பதினெண் சித்தர் நாடி சாஸ்திரம்



Vali = Abanan + Idagalai

Azhal = Piranan + Pinkalai

Iyyam = Samanan + Suzhumunai

### **I.VALI (VATHAM) :**

#### **a) THE NATURE OF VALI :**

Vali is soft, fine and the temperature (coolness and hotness) could be felt by touch.

#### **b) SITES OF VALI :**

"நெளிந்திட்ட வாதமபானத்தைப் பற்றி  
நிறைந்திடையைச் சேர்ந்துந்திக் கீழே நின்று  
குளிந்திட்ட மூலமதூா டெழுந்து காமக்  
கொடியிடையைப் பற்றியெழுங் குணத்தைப் பாரே  
நிணமான பொருத்திடமும் ரோமக் காலும்  
நிறைவாகி மாங்கிசமெல் லாம்பரந்து"

- வைத்திய சதகம்

According to Vaithya sathakam, Vali dwells in the following places: They are Umbilicus, rectum, faecal matter, abdomen, anus, bones, hip joint, navel plexus, joints, hair follicle and muscles.

"அறிந்திடும் வாத மடங்கு மலத்தினில்"

- திருமூலர்

"நாமென்ற வாதத்துக் கிருப்பிடமே கேளாய்  
நாபிக்குக் கீழென்று நவில லாகும்"

- யூகி முனிவர்

According to Sage Thirumoolar and Yugi muni, the places of vatham are the anus and the region below the naval.

#### **c) THE PROPERTIES OF VALI :**

" ஒழுங்குடனே தாதேழ் முச்சோங்கி இயங்க  
எழுச்சிபெற எப்பணியுமாற்ற எழுந்திரிய  
வேகம் புலன்களுக்கு மேவச் சுறுசுறுப்பு  
வாகளிக்கும் மாந்தர்க்கு வாயு"

- சித்த மருத்துவாங்க சுருக்கம்

#### **d) THE FUNCTIONS OF VALI :**

1. To stimulate the respiration
2. To activate the body, mind and the intellect.
3. To expel the fourteen different types of natural reflexes.
4. To activate seven physical constituents in functional co- ordination.
5. To strengthen the five sense organs.

In the above process vatham plays a vital role to assist the body functions.

## **II. AZHAL (PITHAM) :**

#### **a) THE NATURE OF AZHAL :**

The nature of Azhal is atomic. It is sharp and hot. The ghee becomes watery, salt crystallizes and jaggery melts because of heat. The heat of Azhal is responsible for many actions and their reactions.

#### **b) SITES OF AZHAL :**

“தானான பித்தம் பின் கலையைப் பற்றிச்  
சாய்வான பிராணவாயு வதனைச் சேர்ந்து  
ஊனான நீர்ப்பையி லணுகி மூலத்  
துதித்தெழுந்த வக்கினியை யுறவு செய்து  
மானேகே ளிருதயத்தி லிருப்பு மாகி  
கோனான சிரந்தனிலே யிறக்க மாகி  
கொண்டுநின்ற பித்தநிலை கூறி னோமே”

-வைத்திய சதகம்

According to vaithiya sathagam, the pingalai, urinary bladder, stomach and heart are the places where Azhal sustains. In addition to the above places, the umbilicus, epigastric region, stomach, sweat, saliva, blood, essence of food, eyes and skin are also the places where Azhal sustains. Yugi muni says that the Azhal dwells in urine and the places below the neck.

#### **c) THE CHARACTERS OF AZHAL :**

Azhal is responsible for the digestion, vision, maintenance of the body temperature, hunger, thirst, taste etc. Its other functions include thought, knowledge, strength and softness.

#### **d) THE FUNCTIONS OF AZHAL :**

1. Maintenance of body temperature.
2. Produces reddish or yellowish colour of the body.
3. Produce heat energy on digestion of food.

4. Produces sweating.
5. Induces giddiness.
6. Produces blood and the excess blood are let out.
7. Gives yellowish coloration to the skin, eyes, faeces and urine
8. Produce anger, heat, burning sensation, inaction and determination.
9. Gives bitter or sour taste.

**e) THE TYPES OF AZHAL :**

- **Aakkanal – Anal pitham or Pasaka pitham – The fire of digestion.**

It lies between the stomach and the intestine and causes digestion and dries up the moist ingested substance.

- **Vanna eri – Ranjaga pitham – Blood promoting fire.**

The fire lies in the stomach and imparts red colour to the chyme and produces blood. It improves blood.

- **Aatralanki – Saathaga pitham – The fire of energy.**

It gives energy to do the work.

- **Nokku Azhal – Alosaga pitham – The fire of Vision.**

It lies in the eyes and causes the faculty of vision. It helps to visualize things.

- **Ul oli thee – Prasaka pitham – the fire of brightness.**

It gives colour, complexion and brightness to the skin.

**III. IYYAM (KABAM) :**

**THE NATURE OF IYYAM :**

Greasy, cool, dull, viscous, soft and compact are the nature of Iyyam.

**THE SITES OF IYYAM :**

“கூறினோஞ் சிலேத்மமது சமான வாய்வைக்  
கொழுதியே சுழிமுனையைப் பற்றி விந்தில்  
கீறியே சிரசிலாக் கிணையைச் சேர்ந்து  
சிங்குவையிண் ணாக்குநிண மச்சை ரத்தம்  
மீறியே நிறங்கோண நரம் பெலும்பில்  
மேவியதோர் மூலைபெருங் குடலிற் கண்ணில்  
தேறியதோர் பொருத்திடங்க ளெல்லாஞ் சேர்ந்து  
சிலேத்மமது வீற்றிருக்குந் திடங் கண்டாமே”  
-வைத்திய சதகம்

Head, tongue, eyes, nose, throat, thorax, bone, bone marrow, joints, blood, fat, sperm and colon are the seats of Iyyam. It also lies in the stomach, spleen, the pancreas, chyle and lymph.

**c) THE PROPERTIES OF IYYAM :**

Stability, greasiness, formation of joints, the ability to withstand hunger, thirst, sorrow and distress are the qualities. It also helps to withstand sufferings.

**d) THE FUNCTIONS OF IYYAM :**

Greasiness, strength, roughness, knowledge, cool, growth, heaviness of bone, restriction of joint movements, pallor, indigestion, deep sleep and to have a sweet taste in tongue are the functions of Iyyam. The skin, eyes, faces and urine are white in colour due to the influence of Iyyam.

**e) THE TYPES OF IYYAM :**

- **Ali iyyam – Avalambagam:**

Heart is the seat of Avalambagam. It controls all other types of Iyyam.

- **Neerpi iyyam – Kilethagam :**

Its location is stomach. It adds moisture & gives softness to the ingested food.

- **Suvai kaan iyyam – Pothagam :**

Its location is tongue. It is responsible for the sense of taste.

- **Niraivaiyyam – Tharpagam :**

It gives coolness to the vision.

- **Ondri iyyam – Santhigam :**

It gives lubrication to the bones particularly in the joints.

**THE UDAL THATHUKKAL (PHYSICAL CONSTITUENTS) :**

Udal Thathukkal is the basic physical constituents of the body. They are also constituted by the Five Elements.

**1. Saaram :** This gives mental and physical perseverance.

**2. Senneer:** Imparts colour to the body and nourishes the body.

**3. Oon :** It gives shape to the body according to the physical activity and cover the bone.

**4. Kozhuppu :** It lubricates the joints and other parts of the body to function smoothly.

**5. Enbu :** Supports the frame and responsible for the postures and movements of the body.

**6. Moolai :** It occupies the medulla of the bones and gives strength and softness to them.

**7. Sukkilam/Suronitham :** It is responsible for reproduction. These are the seven basic constituents that form the physical body. The bones are predominantly formed by the Earth component, but other elements are also present in it. All the three humours Vali, Azhal and Iyyam present in this 7 constituents. The intake food converted to udal thaadhu in which the intake food is converted to saaram in the first day, and then it converted to chenkeer in the second-day, oon, kozhuppu, enbu, moolai and sukkilam/ Suronitham respectively in the following days. So in the seventh day only the intake food goes to the sukkilam/suronitham.

#### **UDAL THEE (FOUR KINDS OF BODY FIRE) :**

There are four kinds of body fire. They are Samaakkini, Vishamaakkini, Deekshaakkini and Manthaakkini.

- **SAMAAKKINI (BALANCED DIGESTIVE FIRE) :**

The digestive fire is called as Samaakkini. This is constituted by Samana Vayu, Anala Pitham and Kilethaga Kabam. If they are in normal proportion then it is called as Samakkini. It is responsible for the normal digestion of the food.

- **VISHAMAAKKINI (TOXIC DIGESTION) :**

Due to deranged and displaced Samana Vayu, it takes a longer time for digestion of normal food. It is responsible for the indigestion due to slow digestion.

- **DEEKSHAAKKINI (ACCENTUATED DIGESTION) :**

The samana vayu rounds up the Azhal, which leads to increased Anala Pitham, so food is digested faster.

- **MANTHAAKKINI (SLUGGISH DIGESTION) :**

The samana vayu rounds up the Iyyam, which leads to increased Kilethaga Kapham. Therefore food is poorly digested for a very longer period and leads to abdominal pain, distension heaviness of the body etc.

## THINAI :

**There are five thinai (The Land)**

- **Kurinchi** – Mountain and its surrounding areas (Hilly terrain)
- **Mullai** – Forest and its surrounding areas (Forest ranges)
- **Marudham** - Agricultural land and its surrounding areas (Cultivable lands)
- **Neidhal** - The coastal and its surrounding areas (Coastal belts)
- **Paalai** – Desert and its surrounding areas (Arid Zone)

## FEATURES OF THE FIVE REGIONS :

### 1. KURINCHI :

"குறிஞ்சி வருநிலத்திற்கு கொற்றமுண்டி ரத்தம்  
உறிஞ்சி வருசுரமு முண்டாம் - அறிஞருரைக்  
கையமே தங்குதரா தாமைவல்லை யுங்கதிக்கும்  
ஐயமே தங்கும் அறி"

- பதார்த்த குண சிந்தாமணி

Fever causing anemia, any abnormal enlargement in the abdominal organ  
(vaitrulaamai katti) also leads to Iyya disease.

### 2. MULLAI :

"முல்லை நிலத்தயமே மூரிநிறை மேவினுமவ்  
வெல்லை நிலைத்தபித்த மெய்துருங்காண் - வல்லையெனின்  
வாதமொழி யாததனுள் மன்னு மவைவழிநோய்ப்  
பேதமொழி யாதறையப் பின்பு"

- பதார்த்த குண சிந்தாமணி

This mullai land leads to Azhal, Vallai & Vali diseases.

### 3. MARUDHAM :

"மருதநிலம் நன்னீர் வளமொன்றைக் கொண்டே  
பொருதனில மாதியநோய் போக்கும் - கருதநிலத்  
தாறிரதஞ்சூழ அருந்துவரென் றாற்பிணியெல்  
லேறிரதஞ் சூழ்புவிக்கு மில்"

- பதார்த்த குண சிந்தாமணி

All the Vali, Azhal and Iyyam disease will be cured in this land.

### 4. NEIDHAL :

"நெய்தனில மேலுப்பை நீங்கா துறினுமது  
வெய்தனில மேதங்கு வீடாகும் - நெய்தல்  
மருங்குடலை மிக்காக்கும் வல்லுறுப்பை வீக்கும்  
கருங்குடலைக் கீழிறக்குங் காண்"

- பதார்த்த குண சிந்தாமணி

This place induces Vali diseases and affects liver and intestines.

## 5. PAALAI :

"பாலை நிலம்போற் படரைப் பிறப்பிக்க  
மேலைநில மியாது விரித்தற்கு - வேலை நில  
முப்பிணிக்கும் மில்லம் முறையே யவற்றகலாம்  
எப்பிணிக்கு மில்லமஃ தெண்"

- பதார்த்த குண சிந்தாமணி

This land produces all the three Vali, Azhal and Iyyam disease.

## KAALAM :

Ancient Tamilians had divisions over the year into different seasons know as Perumpozhudhu and likewise in the day, it is known as Sirupozhudhu.

### a. PERUMPOZHUDHU :

The year is divided into six seasons. They are,

- Kaarkalam – Aavani, Purataasi ( August 16-October 15 )
- Koothir – Aipasi, Kaarthigai ( October 16-December 15 )
- Munpani – Maargazhi, Thai ( December 16-February 15 )
- Pin pani – Maasi, Panguni ( February 16-April 15 )
- Ilavenil – Chithirai, Vaigaasi (April 16-June 15 )
- Mudhuvenil – Aani, Aadi (June 16 – August 15 )

### b. SIRUPOZHUDHU :

The day has been divided into six parts of four hours each. They are maalai (evening), yammam (Midnight), Vaigarai (Dawn), Kaalai (Morning), Nannpakal (Noon), Erpadu (Afternoon). The each perum pozhuthu and sirupozhuthu is associated with the three humours naturally.

NILAM	POZHUTHU	
	PERUMPOZHUTHU	SIRUPOZHUTHU
Kurinchi	Koothir kaalam, Munpani	Naduiravu
Mullai	Kaarkaalam	Maalai
Marutham	Ilavenil, Venil, kaarkaalam, koothirkaalam, Munpani, Pinpani	Vaigarai, kaalai
Neidhal	Ilavenil, Venil, kaarkaalam, koothirkaalam, Munpani, Pinpani	Pirpagal
Paalai	Venil, Pinpani	Nadupagal

Table:1-POZHUTHUGAL

#### **FOURTEEN NATURAL REFLEXES / URGES :**

The natural reflexes excretory, protective and preventive mechanisms are responsible for the reflexes, urges and instincts. They are 14 in number

1. Vatham (Flatus)
2. Thummal (Sneezing)
3. Siruneer (Micturition)
4. Malam (Defecation)
5. Kottavi (Act of yawning)
6. Pasi (Sensation of hunger)
7. Neer vetkai (Sensation of thirst)
8. Erumal (Coughing)
9. Elaipu (Fatigue)
10. Thookam (Sleep)
11. Vaanthi (Vomiting)
12. Kanneer (Tears)
13. Sukkilam (Semen)
14. Suvasam (Breathing)

These natural reflexes are said to be an indication of normal functioning of our body. A proper maintenance should be carried out and they should not be restrained with force.



### KUGARANA NILAI IN SIDDHA MEDICINE

This is the first medical system to emphasis health as the perfect state of physical, psychological, social and spiritual components of human being. The condition of the human body in which the dietary habits, daily activities and the environmental factors influence to keep the three humors in equilibrium is considered as healthy living.

### DISEASE

Disease is also known by other names viz sickness, distemper, suffering and ailment, distress of mind, chronic disease and dreadful illness.

#### 1. THE CHARECTERISTIC FEATURES OF THE DISEASE

Diseases are of two kinds

- i. Pertaining to the body
- ii. Pertaining to the mind according to the variation of the three humors.

### CAUSES OF DISEASE

Excepting the disease caused by our previous births, the disease is normally caused by our food habits and actions.

This has been rightly quoted in the following verses by Sage Thiruvalluvar,

"மிகினும் குறையினும் நோய்செய்யும் நூலோர்  
வளிமுதலா எண்ணிய மூன்று"

-திருவள்ளுவர்

The food and actions of a person should be in harmony with the nature of his body. Any increase or decrease in a humor viz. Vatham, Pitham, Kabam leads to the derangement of the three humors. The acceptance of food means the taste and quality of the food eaten and a person's ability to digest. 'Actions' mean his good words, deeds or bad actions. According to Sage Thiruvalluvar, the disease is caused due to the increase or decrease of three humors causing the upset of equilibrium. So disease is a condition in which there is derangement in the five elements, which alters the three humors, reflected in turn in the seven physical constituents. The change could be an increase or decrease in the humors. This shows the following signs as per vitiation of the individual humor.

## 2. QUANTITATIVE CHANGES OF UYIR THATHUKKAL

HUMOUR	INCREASED	DECREASED
<b>VALI (Vatham)</b>	Wasting, blackish discoloration, affinity to hot foods, tremors, distended abdomen, constipation, weakness, insomnia, weakness in sense organs, giddiness and laziness.	Body pain, feeble voice, and diminished capability of the brain, decreased intellectual quotient, syncope and increased kaba condition.
<b>AZHAL (Pitham)</b>	Yellowish discoloration of conjunctiva, skin, urine and feces, polyphagia, polydypsia, dyspepsia, burning sensation all over the body and decreased sleep.	Loss of appetite, cold, pallor and features of increased kabam.
<b>IYYAM (Kabam)</b>	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough and excessive sleep.	Giddiness, dryness of the joints and prominence of bones. Profuse sweating in the hair follicles and palpitation.

**Table-2- Changes of Uyir Thathukkal**

### 3. UDAL THATHUKKAL

UDAL THATHUKKAL	INCREASED FEATURES	DECREASED FEATURES
<b>SAARAM</b>	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough and excessive Sleep	Dryness of skin, tiredness, loss of weight, lassitude and Irritability while hearing louder sounds.
<b>SENNEER</b>	Boils in different parts of the body, splenomegaly, tumours, pricking pain, loss of appetite, haematuria, hypertension, reddish eye and skin, leprosy and jaundice.	Affinity to sour and cold food, nervous debility, dryness and Pallor.
<b>OON</b>	Tubercular adenitis, venereal diseases, extra growth around neck, cheeks, abdomen, thigh and genitalia.	Lethargic sensation, pain in joints, muscle wasting in mandibular region, gluteal region, penis and thighs.
<b>KOZHUPPU</b>	Feature of increased musculature, tiredness, dyspnoea on exertion, extra musculature in gluteal region, external genitalia, chest, abdomen and thighs.	Loins pain, splenomegaly and emaciation.
<b>ENBU</b>	Excessive ossification and redundant dentition	Joint pain, falling of teeth, falling and splitting of hairs and nails.
<b>MOOLAI</b>	Heaviness of the body and eyes, Swollen Inter phalangeal joints, oliguria and non-healing ulcers	Osteoporosis and Blurred vision.
<b>SUKKILAM (OR) SURONITHAM</b>	Increased sexual activity, urinary calculi	Dribbling of sukkilam / suronitham or senneer during coitus, pricking pain in the testis and inflamed& contused external genitalia.

**Table-3-Changes of Udal Thathukkal**

#### 4. TASTE

TASTES	DISEASES DUE TO HIGH INTAKE
Inippu	Develops obesity, excessive fat, increased mucous secretion, indigestion, diabetes, cervical adenitis, increased kabam and its diseases
Pulippu	Develops nervous weakness, dull vision, giddiness, aneamia, dropsy, dryness of tongue, acne, blisters etc.
Uppu	Ageing, hair loss, leprosy, dryness of tongue, debility
Kaippu	Increased dryness of tongue, defective Spermatogenesis, body weakness, dyspnoea lassitude, tremor, back and hip pain
Kaarppu	Dryness of tongue, generalized malaise, tremor, back pain, lassitude etc.
Thuvarppu	Abdominal discomfort, chest pain, tiredness, impotency, vascular constriction, constipation, dryness of tongue etc.

**Table-4-Taste**

## 5.KAALAM

KAALAM (Season)	KUTTRAM	STATE OF KUTTRAM
<b>1. Kaarkaalam</b> <b>(Rainy)</b> Aavani -Puratasi(Aug 16 – Oct 15)	Vatham ↑↑ Pitham ↑ Kabam (--)	Ectopic escalation In situ escalation Restitution
<b>2. KoothirKaalam</b> <b>(Post rainy)</b> Iypasi –Karthigai (Oct 16 – Dec 15)	Vatham (--) Pitham ↑ ↑ Kabam (--)	Restitution Ectopic escalation Restitution
<b>3. MunpaniKaalam</b> <b>(Winter)</b> Markazhi – Thai (Dec 16 – Feb 15)	Vatham (--) Pitham (--) Kabam ↑	Restitution Restitution Restitution
<b>4. PinpaniKaalam</b> <b>(Post winter)</b> Masi – Panguni (Feb 16 –Apr 15)	Vatham (--) Pitham (--) Kabam ↑ ↑	Restitution Restitution In situ escalation
<b>5. IlavenilKaalam</b> <b>(Summer)</b> Chithirai – Vaikasi(Apr 16 – Jun 15)	Vatham (--) Pitham (--) Kabam ↑ ↑	Restitution Restitution Ectopic escalation
<b>6. MudhuvenilKaalam</b> <b>(Post summer)</b> Aani – Aadi (Jun 16 – Aug 15)	Vatham ↑ Kabam (--)	In situ escalation Restitution

**Table 5.changes in climatory condition of the external world has its corresponding effects on the human organs**

## 6.THINAI

THINAI	LAND	HUMOURS
1. Kurinchi	Mountain and its surroundings - Hilly terrain	Kabam
2. Mullai	Forest and its surroundings - Forest ranges	Pitham
3. Marutham	Farm land and its surroundings - Cultivable lands	All three humors are in Equilibrium
4. Neidhal	Sea shore and its adjoining Areas-Coastal belt	Vadham
5. Paalai	Desert and its surroundings-Arid zone	All three humors are affected

**Table-6-Thinai, Land, Humours**

### ALTERATION IN REFLEXES (14 Vegangal)

There are 14 natural reflexes involved in the physiology of normal human being. If wilfully restrained or suppressed, the following are resulted.

- **Vatham (Flatus)**

This urge should not be suppressed. If it is suppressed it leads to chest pain, epigastric pain, abdominal pain, aches, constipation, dysuria and indigestion predominate.

- **Thummal (Sneezing)**

If restrained, it leads to headache, facial pain, low back pain and neurotic pain in the sense organs.

- **Siruneer (Urine)**

If restrained, it leads to urinary retention, urethral ulcer, joint pain, pain in the penis, gas formation in abdomen.

- **Malam (Feces)**

If restrained, it leads to pain in the knee joints, headache, general weakness, flatulence and other diseases may also originate.

- **Kottavi (Yawning)**

If restrained, it leads to indigestion, leucorrhoea, and abdominal disorders.

- **Pasi (Hunger)**

If restrained, it leads to the tiredness of all organs, emaciation, syncope, apathetic face and joint pain.

- **Neervetkai (Thirst)**

If restrained, it leads to the affection of all organs and pain may supervene.

- **Kaasam (Cough)**

If it is restrained, severe cough, bad breath and heart diseases will be resulted.

- **Ilaippu (Exhaustiveness)**

If restrained, it will lead to fainting, urinary disorders and rigor.

- **Nithirai (Sleep)**

All organs will get rest only during sleep. So it should not be avoided. Disturbance will lead to headache, pain in the eyes, deafness and slurred speech.

- **Vaanthi (Vomiting)**

If restrained, it leads to itching, anaemia, eye diseases and symptoms of increased Pitham.

- **Kanneer (Tears)**

If it is restrained, it will lead to Sinusitis, heart diseases, headache, eye diseases.

- **Sukkilam (Semen)**

If it is restrained, there will be joint pain, difficulty in urination, fever and chest pain.

- **Suvasam (Breathing)**

If it is restrained, there will be cough, abdominal discomfort and Anorexia.

### 3.C. DIAGNOSTIC METHODOLOGY

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The methodology of diagnosing disease in Siddha system shows uniqueness in its principle. The principle comprises of examination of Tongue, Complexion, Modulation in speech, inspection of eyes and findings by palpation. It also includes examination of urine and stool. The reinforcement of Diagnosis is based on Naadi (Pulse) examination. All these together constitute 'Envagai thervugal' which forms the basis of diagnostic methodology in Siddha system of Medicine.

These tools not only help in diagnosis but also to observe the prognosis of the disease and for reassuring the patient and to be informed about the nature of diseases. Besides these Envagaithervugal there are some other parameters in Siddha system which are greatly helpful in diagnosing various disease, they are Madikadainool (Wrist circummetric sign) and Soditham (Astrology).

#### ENVAGAI THERVUGAL (Eight fold examination)

The eight such diagnostic methods, collectively referred to as "Envagai thervu (Eight type) Thervugal(Examination)" in Siddha system.

“அகத்துறு நோயை கரத்தாம லகம்போல்  
பகுத்தறிவீர் நாடிப் பரிசம் - தொகுத்த நிறம்  
கட்டுவகைச் சொல்மொழிக் கண்ட மல மூத்திரம் நா  
எட்டுவகை யாலு மறிவீர்”

-அகத்தியர் வைத்திய சிந்தாமணி-4000

Various aspects of Siddha regarding 'Envagai Thervu'

"நாடி பரிசம் நாநிறம் மொழிவிழி

மலம் மூத்திரமிவை மருத்துவராயுதம்"

-தேரையர்.

"மெய்குறி நிறந்தொனி விழிநா விருமலம் கைக்குறி"

-தேரையர்

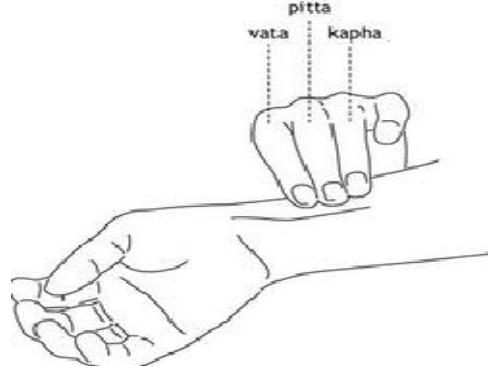
The eight methods of diagnosis are Naadi (Pulse), Sparisam (Palpation), Naa (Tongue), Niram (Color), Mozhi (Voice), Vizhi (Eyes), Malam (Feces) and Neer (Urine).



## 1. NAADI (Examination of pulse)

The pulse Diagnosis is a unique method in Siddha Medicine. The pulse should be examined in the right hand for male and the left hand for female. The pulse can be recorded at the radial artery. By keenly observing the pulsation, the diagnosis of disease as well as its prognosis can be assessed clearly.

Naadi is nothing but the manifestation of the vital energy that sustains the life with in our body. Naadi plays an important role in Envagaithervu and it has to be considered as foremost thing in assessing the prognosis and diagnosis of various diseases. Any variation that occurs in the three humors is reflected in the Naadi. These three humors organize, regularize and integrate basic functions of the human body. So, Naadi serves as good indicator of all ailments.



### நாடி பார்க்கும் வகை

"இடுமென்ற நாடிகள் பார்க்கும் வகையைக்கேளு  
என்னவென்றால் நடுவிரல் நீவிப்பின்னே  
அடுமென்ற அடுத்தவிரல் மோதிரமாம் விரலை  
அப்பனே இறுத்தபின்பு சுண்டுவிரலினுத்து  
உடுமென்ற தூண்டுவிரலி ளுத்து அப்பால்  
உத்ததொரு அங்குட்ட விரலைநீ விக்கரத்தில்  
படுமென்ற சீயோதி அங்குல மோதள்ளி  
பார்தவிட மூன்றுதாம் சுரம்பார்க்கும் வகையே  
வகைஎன்ன வாதமதுஒண்ணரையாம் பித்தம்  
வளமையொன்று அய்யங்கால் வளமாய்நிற்கில்  
பகையில்லை நாடிகளுந் தொந்த மில்லை  
பண்பான் சுகரொசருருபக் கூறுசொன்னேன்"

-அகத்தியர் கனகமணி 100

Naadi is felt by

Vali - Tip of index finger

Azhal - Tip of middle finger

Iyyam - Tip of ring finger

**மூவகையும் மாத்திரை அளவும்:**

"வழங்கிய வாதம்மாத்திரை ஒன்றாகில்  
வழங்கிய பித்தம் தன்னில் அரைவாசி  
அழங்கும் கபந்தான்அடங் கியேகாலோடில்  
பிழங்கிய சீவர்க்குப் பிசுகொன்று மில்லையே"

-குணவாகட நாடி

The pulse is measured in wheat/grain expansile heights. The normal unit of pulse diagnosis is 1 for Vali (Vaadham), ½ for Azhal (Pitham) and ¼ for Iyyam (Kabam).

**நாடி நடை**

"வாகிலன்னங் கோழி மயிலென நடக்கும் வாதம்  
ஏகிய வாமையட்டை யிவையென நடக்கும் பித்தம்  
போகிய தவளை பாம்பு போலவாம் சேத்துமந்தான்"

- குருநாடி

Compared to the gait of various animals, reptiles and birds.

Vali - Gait of Swan and peacock

Azhal - Movement of Tortoise and Leech

Iyyam - Leaping of Frog and crawling of a Serpent

## **2.SPARIAM (Examination by touch)**

**TOUCH (தொடு உணர்வு):**

"வெம்மை குறைந்தாலு மிகுந்தாலும் வாதபித்தம்  
தம்மை நிரைநிரையாய்ச் சாற்றுவார்-வெம்மையன்றி  
சீதமுஅவ் வாறாகில் சிலேட்டும மொன்றுதொந்த  
மீதமும்அவ் வாறாகு மேல்"

-அகத்தியர் வைத்திய சிந்தாமணி-4000

"நேயமுடனே வாதத்தின் தேசந்தாணும்

நேர்மையாய் குளிர்ந்து சில விடத்திலே தான்

மாயமுட னுட்டணமுந் துடிதுடிப்பு

மருவுதலாம் பித்தத்தின் தெகந் தானும்  
தோயவே வுட்ணமதா யிருக்குந் தெளிவாய்  
சேத்துமத்தின் தேகமது குளிர்ந்திருக்கும்  
பாய தொந்த தேகமது பலவாறாகும்  
பரிந்து தொட்டுத் தேகத்தைப் பார்த்துப் பேசே"  
-கண்ணுசாமி பரம்பரை வைத்தியம்

In Vali disease, some regions of the body felt chill and in some areas they are hot.

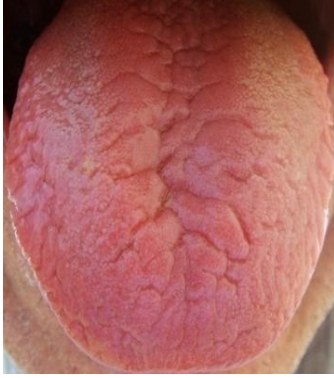
In Azhal disease, we can feel heat.

In Iyya disease, chillness can be felt.

In Thontham diseases, we can feel altered sensations.

### 3. NAA (Examination of tongue)

VATHAM



PITHAM



KABAM



"பலமான ருசியறியும் நாவின் கூற்றை  
பகர்கின்றேன் வாதரோகி யின்றன் நாவு  
கலமாக வெடித்து கறுத்திருக்கு முட்போல்  
கண்டு கொள்வாய் பித்தரோகியின்றன் நாவு  
நலமுற சிவந்து பச்சென்றிருக்கும் நட்பிலா  
சிலேத்துமரோகி யின்றன் நாவு  
தலமதனிலுற்றமுதி யோர்கள் சொன்ன  
தன்மையடி தடித்து வெளுத்திருக்கும் பாரே"  
-கண்ணுசாமி பரம்பரை வைத்தியம்

In Vali derangement, tongue will be cold, rough, furrowed and tastes pungent.

In Azhal, it will be red or yellow and bitter taste will be sensed.

In Iyyam, it is pale, sticky and with lingering of sweet taste.

In Thontham, tongue will be dark with raised papillae and dryness.

#### 4. NIRAM (Examination of complexion)

"தேகத்தி னிறந்தானுஞ் செப்பக் கேளீர்

சிறுமையாய் வாதந்தான் கறுத்தி ருக்கும்

போகத்தின் பித்தநிற மஞ்ச ளாகும்

பெருஞ்சேதம் ரோகிக்கு வெளுப்ப தாகும்

பாகத்தின் தொந்தரோ கிக்குத் தானும்

பலபலவன் ணமுமாகிப் பரந்து நிற்கும்"

-சித்த மருத்துவாங்கச் சுருக்கம்

In Vali, Azhal and Iyyam variations, the colour of the body will be dark, yellow or red and fair respectively.

"உரைத்தகற் பான்வாத ரோகிபித்த ரோகி

அரைத்தமஞ்ச ளைக்குளித்தோன் ஆவான் - இரத்தம்

குளித்தவனு மாவான் கொடும்சிலேத்தும ரோகி

வெளுத்திடுவான் தொந்த ரோகியே"

- அகத்தியர் வைத்திய சிந்தாமணி-4000

According to Agathiyar Vaithiya Chinthamani Venba – 4000, In Vatha ,Pitha and Kapha vitiations the colors of body like as yellow, red and pale.

"மூன்றாகும் வாதபித்த சிலேத்து மத்தால்

மிகுந்தமுறத் தொந்தித்த ரோகி தேகம்

தோன்றாத சீதய வுஷ்ணங் காலமூன்றுந்

தொகுத்தேன்யான் திரேகத்தி நிறத்தைக் கேளு

ஊன்றாத வாதவுடல் கறுத்துக் காணும்

ஊறியபித்த முடல் சிவப்புப் பசுமைகாணும்

போன்றாத வையவுடல் வெண்மை தோன்றும்

பொருந்துந்தொந்த ரோகவுடற் கிவற்றை யொக்கும்"

- கண்ணுசாமி பரம்பரை வைத்தியம்

According to Kannusamy Paramparai Vaithiyam, In Vatha, Pitha and kapha vitiations, the colors of the body like as black, reddish green and white. In Thontha constitution, the color of the body will be associated with combination of two humours.

"பனைவாத தேகநிறங் கறுத்து நிற்கும்  
பைத்தியதேக நிறமஞ்சள் சிவப்பதாமே  
தாமே சிலேட்டு மதேகநிறம் வெளுப்பு தான்  
தொந்தேகம் இந்நால் விதமாய நிற்கும்"

- தன்வந்திரி (பதினெண் சித்தர் நாடி சாத்திரம்)

According to Pathinen Siddhar Naadi Nool, In Vatha, Pitha and Kapha vitiations, the colors of the body like as black, yellowish red and white. In Thontha constitution, the color of the body will be associated with combination of two humours.

#### 5.VIZHI (Examination of Eyes)

"உண்மையாய் கண்களுக்குறிப் பதைக்கேள் வாதம்  
உற்றவிழி கறுத்துநொந்து நீருங் காணும்  
தண்மையிலாப் பித்தரோகி யின்றன் கண்கள்  
சார்பாகப் பசுமைசிவப் பேறுங் காணும்  
வண்மையிலா வையரோகி விழிகள் தானும்  
வளமான வெண்மைநிற மேதா நாதம்  
திண்மையிலாத் தொந்தரோகி யின்றன் கண்கள்  
தீட்டுவாய் பலநிறமென் றறைய லாமே"

-கண்ணுசாமி பரம்பரை வைத்தியம்

"காணுகின்ற வாத ரோகிக்கு கண்கள்  
கருநிறமாய் நொந்துமிகத் தண்ணீர்பாயும்  
பூணுகின்ற பித்தரோகிகடி மஞ்சள் போலிருக்கம்  
சிவப்பு நிறப்பொலிவு தோன்றும்"

-பதினெண் சித்தர் நாடி சாத்திரம்

In Vali disease the tears are darkened.

In Azhal disease tears are yellow.

In Iyya disease tears are whitish in colour

In Thontha disease the tears are multi tinged.

In Vali disease there will be excessive tears (epiphora).

In disturbance of all three humors, eyes will be inflamed and reddish.

#### 6.MOZHI (Examination of voice)

"பார்பதான் வாதரோகி யின்றன் வார்த்தை  
பக்குவமாய்ச் சமசத்த மாயிருக்கும்  
சேர்ப்பதுதான் பித்தரோகியின்றன் வார்த்தை  
செப்பக்கோள பெலத்துமே யுறத்திருக்கும்  
ஏற்பதுதான் ஐயரோகி யின்றன் வார்த்தை  
யெளிதாகச் சிறுத்திருக்குமியல்பி தாகும்  
கேசற்கவே யிம்மூன்றுந் தொந்தமாகில்  
கூசாமற் பலவிதமாய் பேசுவாரே"

-கண்ணுசாமி பரம்பரை வைத்தியம்

In variation of Vali, Azhal and Iyyam the voice will be medium, high and shrill/low pitched respectively. By the voice, the strength of the body can be assessed.

#### 7.MALAM (Examination of feces)

"ஒக்குமே வாத நோய் மலத்தைப் பார்க்கில்  
உகந்தமலம் கறுகியெ கறுத்திருக்கும்  
மிக்கபித்த நோய்மலத்தை யுற்றுப் பார்க்கில்  
மிகுந்தசிவப்புடன் பசுமை தானுந் தோற்றும்  
மைக்குவளை மானேகே ளைய ரோகம்  
மலமதுதான் வெண்மைனிற மாயிருக்கும்  
பக்குவமா யிம்மூன்றுந் தொந்திப் பாகில்  
பகருமின் நிறங்கள்வகை பரிந்து காணும்"

-கண்ணுசாமி பரம்பரை வைத்தியம்

In exacerbated Vali, faces is hard, dry and darker .

In Azhal vitiation, it is yellow.

In Iyyam disturbances it is pale

In Thondham, it is a mixture of all colours.

## 8. MOOTHIRAM (Examination of urine)

“ஓங்கிய வாதத்தோர்க்கு நீர்விழுங் குணந்தா நுரைக்கின்ற

பூங்கொடி கடுத்து நொந்து சிறுத்துடன் பொருமி விழும்  
பாங்குடன் பித்ததோர்க்கும் பசிய நீர் சிவந்து காட்டி

ஏங்கவே கறுக்கதாக எரித்துடன் கடுத்து வீழும்

வீழுமே சிலேற்பனத்தோர் நீர்க்குணம் விளம்பக் கேளாய்

நாளுமே வெளுத்துறைந்து நலம்பெறவீழுங் கண்டாய்

வாள்விழி மானேதொந்த ரோகமானிடர்க்குந் தானே

தாளுநீர் பலநிறந்தா நெனவேசாற்றி னோமே”

-கண்ணுசாமி பரம்பரை வைத்தியம்

For patients suffering from vatha diseases, the urine will be scanty and dysuria. For patients suffering from pitham the urine will be greenish red in colour and there will be burning micturition.

### தேரையர் நீர்க்குறி நெய்க்குறி

"அருந்துமாறிரதமும் அவிரோதமதாய்

அஃகல் அலர்தல் அகாலவூன் தவிர்ந்தழற்

குற்றளவருந்தி உறங்கி வைகறை

ஆடிக்கலசத் தாவியே காது பெய்

தொருமுகூர்த்தக் கலைக்குட்படு நீரின்

நிறக்குறி நெய்க்குறி நிறுமித்தல் கடனே”

-தேரையர் நீர்க்குறி நெய்க்குறி

Theraiyar, one of the renowned authors of Siddha medicine described urine examination and stages of health. He had explained about the colour and consistency of the urine in vitiated humor and disease (Neerkuri). He also emphasized about the spreading nature of a single drop of oil on the surface of the urine indicating the imbalance of specific dosha and prognosis of disease (Neikkuri).

### Neerkuri:

“வந்த நீர்க்கரி எடை மணம் நுரை எஞ்சலென்

றைந்தியலுளவவை யறைகுது முறையே”

-தேரையர் நீர்க்குறி நெய்க்குறி

Five characters of urine have to be examined. They are colour, consistency, odour, frothy and deposits.

### **Colour of the urine**

Normal urine is straw yellow coloured and mildly aromatic. The time of the day and food taken will have an impact on the colour of the urine.

### **Colour of the urine in diseased condition**

Yellow colour (Similar to straw soaked water) - Indigestion

Lemon colour - Good digestion

Reddish yellow - Heat in body

Colour similar to flame of forest red or flame coloured - Excessive heat

Colour of saffron - Extreme heat

### **Neikkuri:**

"அரவென நீண்டினஃதே வாதம்

ஆழிபோல் பரவின் அஃதே பித்தம்

முத்தொத்து நிற்கின் மொழிவதன் கபமே"

-தேரையர் நீர்க்குறி நெய்க்குறி

The spreading pattern of oil drop is the indicative of Vali, Azhal and Iyyam diseases.

Aravu (Snake Pattern of spread) indicates Vali disease,

Aazhi (Ring Pattern of spread) indicates Azhal disease.

Muthu (Pearl Pattern of spread) indicates Iyya disease.

In Neikkuri, the rapid spread of oil drop; Pearl beaded and Sieve type of spreading pattern indicates incurable state of the disease. From this, we can assess the prognosis by the Neikkuri.

### **Indications of spreading pattern of oil**

Lengthening - Vali

Splits - Azhal

Sieve - Iyyam

Stands as a drop - Poor prognosis

Slowly spreads - Good prognosis

Drop immerses into Urine - Incurable disease



## MANIKKADAI NOOL(Wrist circummetric sign)



**Ref:Agathiyarsoodamanikayarusoothiram**

"கமலக்கை மணிக்கையில் கயறு சூத்திரம்

விமலனே நோக்கியே வேடமாமுனி

திலிலாம் பிணியது சேரச் செப்பியே

அமலனாமுனிக்கு முன்னருளிச் செய்ததே"

-பதினெண் சித்தர் நாடிநூல்

According to the Pathinen Siddhar Naadinool, Manikadainool is also helpful in diagnosis. This manikkadainool is a parameter to access the disease by measuring the circumference of the wrist by means of a thread and then expressing it in terms of patient's finger breadths. By this measurement the disease can be diagnosed.

**Manikadai nool inference** (Ref: Agathiyarsoodamanikayarusoothiram)

When the Manikkadainool is 11 fbs, the person will be stout and he will live a healthy life for many years. When the Manikkadainool measures between 4 & 6, it indicates poor prognosis of disease and the severity of the illness will be high and it leads to death.

**Measurement Possible conditions**

- 10 fbs Pricking pain in chest and limbs, gastritis and ulcer result.
- 9 <sup>3</sup>/<sub>4</sub> fbs Fissure, dryness and cough will be resulted.

- 9 ½ fbs Odema, increased body heat, burning sensation of eye, fever, Mega noi& Anorexia.
- 9 ¼ fbs Dysuria, Insomnia, Sinusitis and Burning sensation of Eye.
- 9 fbs Impaired hearing, pain around waist, thigh pain, unable to walk.
- 8 ¾ fbs Increased body heat, skin disease due to toxins, abdominal discomfort, cataract, sinusitis.
- 8 ½ fbs Leucorrhoea, venereal disorder and Infertility will occur.
- 8 ¼ fbs Stout and painful body. Headache, Sinusitis and toxins induced Cough.
- 8 fbs Abdominal discomfort, gastritis, anorexia & venereal diseases.
- 7 ¾ fbs Piles, burning sensation of limbs, headache, numbness occur.
- Within 2 years cervical adenitis and epistaxis results.
- 7 ½ fbs Osteoporosis, abdominal discomfort, burning sensation of eyes, increased body temperature. Within 6 days all the joints of the limbs presents a swelling.
- 7 ¼ fbs Lumbar pain, increased pitha in head, anemia, eye pain, odema and somnolence
- 7 fbs Pitham ascends to head, haemetemesis, phlegm, burning sensation of limbs and constipation.
- 6 ¾ fbs Eye ache, dizziness, testis disorder. Within 3 years it causes anuria, pain and burning sensation over limbs, facial sweating results.
- 6 ½ fbs Thirst, anorexia, increased body heat and vatham results.
- 6 ¼ fbs Diarrhea, belching, vomiting and mucous dysentery
- 6 fbs Reduced weight, phlegm in chest. It results in death within 20days.
- 5 ¾ fbs Delirium, dizziness, loss of consciousness. It results in death even if the patient takes gruel diet
- 5 ½ fbs Severity of illness is increased. Toxins spread to the head. Tooth darkens. Patient will die in 10 days.
- 5 ¼ fbs Patient seems to be sleepy and death results on the next day.
- 5 fbs Pallor and dryness of the body. Kabam engorges the throat and the person will die.
- 4 ¾ fbs Dryness of tongue and tremor present. Patient will die in 7days.
- 4 ½ fbs Shrunken eyes, odema will present and death results in 9 days.
- 4 ¼ fbs Tremor, weakness of limbs and darkening of face occurs.
- 4 fbs Pedal oedema will be present. Patient will die in 5 days.

#### 4. READING BETWEEN THE LINES OF SAGE YUGI ABOUT ORU THALAI VATHA BEDHAM

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ஒரு தலைவாத பேதம்

பகரான வொருதலையைப் பாதி நொந்து  
பகழிகொண்டு மௌலிதனைப் பிளந்தாற் போல  
நிகரான கண்ணுநீர் பாய்ந்து காந்தி  
நெடுமூச்சு விட்டுமே நினைந்து துன்பம்  
திகரான சடந்தானுந் திடுக்குண் டாகிச்  
சிணுக்கிரு மலாகியே பசிகா ணாது  
வகரான வாதமாய் மயிர்க் கூச்சாகும்  
வாத பேதத்தோர்தலை வலியு மாமே.

-யூகி வைத்திய சிந்தாமணி பெருநூல்-800  
(பக்கம் எண்-239)

According to text Yugivaithya cinthamani, *oru thlai vatha bedham* is a type of Vatha disease characterized by unilateral head pain, throbbing pain, lacrimation, deep breath, sleeplessness, anorexia and horripilation.

#### 4.1-BREAKUP SYMPTOMATOLOGY

S.NO	LINES FROM POEM	BREAKUP SYMPTOMATOLOGY
1.	“பகரான வொருதலையைப் பாதி நொந்து”	“..... Unilateral head pain’,.....
2.	“பகழிகொண்டு மௌலிதனைப் பிளந்தாற் போல”	“.....Throbbing pain’.....
3.	“நிகரான கண்ணுநீர் பாய்ந்து காந்தி”	“..... Lacrimation .....”
4.	“நெடுமூச்சு விட்டுமே நினைந்து துன்பம்”	“.....Deep breath.....”
5.	“திகரான சடந்தானுந் திடுக்குண் டாகிச்”	“..... sleeplessness(paroxymal hemicrania) typically patients awaken from sleep.....”
6.	“சினுக்கிரு மலாகியே பசிகா ணாது”	“.....Coughing and Anorexia.....” .
7.	“வகரான வாதமாய் மயிர்க் கூச்சாகும்”	“....Horripilation...” ( The cranial parasympathetic autonomic innervations provides the basis of the symptoms)

**Table 7. Breakup Symptomatology**

## 4.2 LIGHT FROM LEXICONS

S.NO	WORDS FROM POEM	T.V. Sambasivampillai Dictionary Meaning in Tamil	T. V.Sambasivam Pillai, Dictionary meaning in English	Lexicon T.V.S.Reference
1.	பகழி	அம்பு	Arrow	(5 <sup>th</sup> vol pg no:1021)
2.	மௌலி	தலை	Head	(5 <sup>th</sup> vol pg no:1021)
3.	காந்தி	ஒளி	Brightness	(1 <sup>st</sup> vol - pg no - 1382)
4.	சடம்	மாமிச உடம்பு	Physical body	(3 <sup>rd</sup> vol - pg no – 1782)
5.	கண்ணுநீர்	கண்ணிலிருந்து வழியும் நீர்	Water from the eyes	(1 <sup>st</sup> vol - pg no – 736)
6.	திடுக்குண்டாகி	பயத்தால் உடல் கம்பித்தல்	Fear	(4 <sup>th</sup> vol –pg no- 1028)
7.	மயிர்க் கூச்சாகும்	மயிர் சிலிர்த்தல்	Hair slanding on end.(piloerection)	(5 <sup>th</sup> vol -pg no – 703)
8.	நெடுமூச்சு	பெருமூச்சு	Deep respiration	(4 <sup>th</sup> vol , 2 <sup>nd</sup> part ,pg no – 1926)
9.	பிளத்தல்	அறுத்தல்	To split open	(vol 5, pg no 456)
10.	பசி	உணவு வேட்கை	Hunger	(Vol 5 , Pg no 21)
11.	சினுக்கிருமல்	விட்டு விட்டு அதாவது அடிக்கடி இருமல்	Slight cough	(Vol 3 , pg no 2072)
12.	வாதம்	வாயு	Wind, air	(Vol V , pg no 1055)

**Table 8. LIGHT FROM LEXICONS**

## ANALOGY BETWEEN THE LINES OF YUGI VAITHYA CHINTHAMANI AND MODERN TEXT RELEVANT TO

YUGI VAITHYA CHINTHAMANI PHRASES(ORU THALAI VATHA BEDHAM)

“.....வொருதலையைப் பாதி நொந்து.....”

### QUOTINGS FROM MODERN TEXT ABOUT PRIMARY HEADACHE SYNDROME

- “ **Unilateral head pain**’,.....

Ref: *Davidson’s principles of practice medicine 19th edition, 2005, Pg no 993.*

- “**Unilateral pain** of relatively short duration (30 to 180 minutes) every day for bouts of 8 to 10 weeks a year...”

Ref: “*Oxford Textbook of Medicine 4th edition (March 2003): by David A. Warrell (Editor), Timothy M. Cox (Editor), John D. Firth (Editor), Edward J., J R., M.D. Benz (Editor) By Oxford Press, pg no:3214.*

- “ Headache eharacterized by episodes of recurrent, deep, **unilateral**, retroorbital searing pain....”

Ref: “*Harrison’s manual of medicine” 18<sup>th</sup> edition : by longo, Fauci, Kasper, Hauser, pg no:314.*

- “A group of **unilateral painful syndromes** all of which are characterized by pain attacks in the facial area innervated by the first branch of the trigeminal nerve and autonomic signs on the same side of the head” .....

Ref: *J Headache Pain (2001) 2:182–190© Springer-Verlag 2001.*

“.....பகழிகொண்டு மௌலிதனைப் பிளந்தாற் போல.....”

QUOTINGS FROM MODERN TEXT ABOUT PRIMARY HEADACHE SYNDROME

➤ “**Throbbing pain**”

*Ref: Davidson’s principles of practice medicine 19th edition, 2005, Pg no 993.*

➤ “A focal neurological event, and then a severe throbbing hemicranial headache”

*Ref: Oxford Textbook of Medicine 4th edition (March 2003): by David A. Warrell (Editor), Timothy M. Cox (Editor), John D. Firth (Editor), Edward J., J R., M.D. Benz(Editor) By Oxford Press, pg no:1118.*

➤ “**Stabbing** and/or burning and/or neuralgic (like and electric shock) pain”

*Ref: J Headache Pain (2001) 2:182–190© Springer-Verlag 2001.*

➤ “The pain are described as burning, boring, **stabbing**, or tearing”

*Ref: Chapter 2, Diagnosis of Trigeminal Autonomic Cephalalgias, Mark J. Stillman*

➤ SUNCT syndrome is characterized by very short (5 – 240 s) attacks with neuralgiform pain quality and severe intensity.

*Ref: EFNS guidelines 2011 – cluster headache and other trigemino autonomic cephalalgia.*

“நிகரான கண்ணுநீர் பாய்ந்து காந்தி”

QUOTINGS FROM MODERN TEXT ABOUT PRIMARY HEADACHE SYNDROME

➤ “**Lacrimation** ”

Ref: *Harrison’s principles of internal medicine 16th edition, 2001, Pg no 2227.*

➤ “It is associated with a red or **watering eye**”

Ref: *Oxford Textbook of Medicine 4th edition (March 2003): by David A. Warrell (Editor), Timothy M. Cox (Editor), John D. Firth (Editor), Edward J., J R., M.D. Benz(Editor) By Oxford Press, pg no:3214.*

➤ “Unilateral neuralgiform headache with **conjunctival injection** and tearing”

Ref: *J Headache Pain (2001) 2:182–190© Springer-Verlag 2001.*

➤ “**Conjunctival injection or lacrimation**”

Ref: *Chapter 2 Diagnosis of Trigeminal Autonomic Cephalalgias Mark J. Stillman*

➤ “**Lacrimation**, and rhinorrhoea ipsilateral and simultaneous to the pain is obligatory (but can be replaced by restlessness/agitation)”

Ref: *CHAPTER 11 Cluster headache and other trigemino- autonomic cephalgias S. Evers, 1 J. Áfra, 2 A. Frese, 1,3 P. J. Goadsby, 4 M. Linde, 5 A. May, 6 P. S. S á ndor 7*

1 University of M ü nster, Germany ; 2 National Institute of Neurosurgery.



QUOTINGS FROM MODERN TEXT ABOUT PRIMARY HEADACHE SYNDROME

➤ “Nose running or blocking”

*Ref: Davidson’s principles of practice medicine 19th edition, 2005, Pg no 997.*

- “The **nose running or blocking**, the cranial parasympathetic autonomic innervation provides the basis for symptoms such as lacrimation and nasal stuffiness that are prominent in cluster headache and paroxysmal hemicrania”

*Ref: Oxford Textbook of Medicine 4th edition (March 2003): by David A. Warrell (Editor), Timothy M. Cox (Editor), John D. Firth (Editor), Edward J., J R., M.D. Benz(Editor) By Oxford Press, pg no:3214.*

➤ “Nasal congestion”

*Ref: J Headache Pain (2001) 2:182–190© Springer-Verlag 2001.*

- “These autonomic symptoms occur on the side of headache and comprise lacrimation, conjunctival injection, **rhinorrhoea**, miosis, and ptosis.

*Ref: CHAPTER 11, Cluster headache and other trigemino- autonomic cephalgias  
S. Evers, 1 J.Áfra, 2 A. Frese, 1,3 P. J. Goadsby, 4 M. Linde, 5 A. May, 6 P. S. Sándor 7  
1 University of Münster, Germany ; 2 National Institute of Neurosurgery.*

- “Lacrimation, conjunctival injection, **rhinorrhoea**, **nasal congestion**, eyelid oedema and ptosis”

*Ref: Trigeminal Autonomic Cephalalgias A Diagnostic and Therapeutic Overview 14 > ACNR > VOLUME 14 NUMBER 4 > SEPTEMBER/OCTOBER 2014.*

- Ipsilateral **nasal congestion** and/or rhinorrhoea.

*Ref: EFNS guideline, 2011-Cluster headache and other trigemino autonomic cephalalgias.*

- “Ipsilateral cranial autonomic features, such as lacrimation, conjunctival injection, or **nasal symptoms**”

*Ref: SEMINARS IN NEUROLOGY/VOLUME 30, NUMBER 2 2010*

“திகரான சடந்தானுந் திடுக்குண் டாகிச்”

QUOTINGS FROM MODERN TEXT ABOUT PRIMARY HEADACHE SYNDROME

- “**Sleeplessness**(paroxymal hemicrania) typically patients awaken from sleep”

*Ref: Davidson’s principles of practice medicine 19th edition, 2005,*

*Pg no 997.*

- “Migraine sufferers may have headache when they **sleep** in, when they are tired”

*Ref: “Oxford Textbook of Medicine 4th edition (March 2003): by David A. Warrell (Editor), Timothy M. Cox (Editor), John D. Firth (Editor), Edward J., J R., M.D. Benz(Editor) By Oxford Press, pg no:3213.*

- “Characteristically **the pain can wake the patient from sleep at night**, often at a set time(such as 90 minutes after falling asleep).

*Ref: 12 > ACNR > VOLUME 14 NUMBER 4 > SEPTEMBER/OCTOBER 2014.*

- “Often, the attacks start at the same time of day or night, frequently about 1 – 2 h after **falling asleep** (mostly during the first REM period in the sleep) or in the early morning

*Ref: EFNS guidelines 2011 – cluster headache and other trigemino autonomic cephalgia*

- “Smoking and obstructive **sleep apnea** are common in cluster patients”

*Ref: Chapter 2, Diagnosis of Trigeminal AutonomicCephalalgias, Mark J. Stillman*

“சினுக்கிரு மலாகியே பசிகா ணாது”

QUOTINGS FROM MODERN TEXT ABOUT PRIMARY HEADACHE SYNDROME

➤ “Multiple cutaneous stimuli have been reported to trigger attacks of SUNCT/SUNA, including:3”

• **Coughing**

*Ref: Ref: 12 > ACNR > VOLUME 14 NUMBER 4 > SEPTEMBER/OCTOBER 2014.*

➤ “Cough is a type in benign paroxysmal headache”

*Ref: Davidson’s principles of practice medicine 19th edition, 2005, Pg no 993.*

## 5. REVIEW OF LITERATURE ORUTHALAI VATHA BEDHAM

### INTRODUCTION TO VATHAM:

According to T.V Sambasivampillai, the Vali is defined as the three humors (life forces), occupying the region below navel. It is responsible for all movements in the body. It spreads throughout the body and cause respiration, hunger, thirst etc. It is the energy or power that prevails all over the keeping various tissues in good condition. Vali is soft, fine and temperature (coolness) which could be felt by touch. It is the base for the genesis of other two humors.

### THE SITES OF VALI

"நெளிந்திட்ட வாதமபா னத்தைப் பற்றி  
நிறைந்திடையைச் சேர்ந்துந்திக் கீழே நின்று  
குளிந்திட்ட மூலமதூ டெழுந்து காமக்  
கோடியிடையைப் பற்றியெழுங் குணத்தைப் பாரே".  
"குணமான வெலும்பைமேற் றொக்கை சாடி  
நிறைவாகி மாங்கிச மெல்லாம் பரந்து  
கால்காட்டி வாதமெங்குங் கலக்குந் தானே".

-வைத்திய சதகம்

According to Vaidya Sathakam, Vali dwells in the following places: Umbilicus, rectum (abaanan), abdomen, anus, bones, hip-joint, skin, navel plexes, joints, hair follicles and muscles.

"அறிந்திடும் வாத மடங்கு மலத்தினில்"

-திருமூலர்

"நாமென்ற வாதத்து கிருப்பிடமே கேளாய்  
நாபிக்குக் கீழென்று நவில வாகும்".

- யூகி வைத்திய சிந்தாமணி-800

According to Sage Tirumoolar and Yugimuni, the places of Vali are anal region and the region below the navel.

"அறிந்திடும் எல்லாம் ஒன்றாய் ஆவிக்கும் அதிர்வானந்த  
செறிந்திடும் வன்னிதானும் மூடிடும் கண்ணிலே தான்  
பறிந்திடும் வாய்வு தானும் பரிசிக்கும் எங்கும் பாரே".

-அகத்தியர் வைத்திய காவியம்

According to Vaithiya Kaviyam, the Vali exists all over the body.

"அபானமுத லுந்திவரை வாதநிலை  
உந்தியின் மேல் மார்பு மட்டும் பித்தநிலை".

-அனுபோக வைத்திய பிரம ரகசியம்

According to Anupoga Vaithiya Brama Ragasiyam, the Vali exists between the Umbilicus and navel region.

#### CHARACTERS OF VALI

S.NO	OWN CHARACTER	OPPOSITE CHARACTER
1.	Kadinam(Rough)	Miruthu(Soft)
2.	Varatchi(Dry)	Pasumai(Unctious)
3.	Elasu(Light)	Baluvu(Heavy)
4.	Kulirchi(Cold)	Akini(Hot)
5.	Asaithal(Unstable)	Sthiram(Stable)
6.	Anuthuvam( Subtle)	Katti(Solid)

**Table-9- Characters of Vali**

#### Properties of Vali

"ஒழுங்குடனே தாதேழ் முச்சோங்கி இயங்க  
எழுச்சுபெற எப்பிணியுமாற்ற - எழுந்திரிய  
வேகம்புலன்களுக்கு மேவச் சுறுசுறுப்பு  
வாக்கலளிக்கும் மாந்தர்க்கு வாயு".  
-மருத்துவ தனிப்பாடல்

The following are the inherent properties of Vali.

- . To stimulate.
- . To respire.
- . To activate the Body, mind and the intellect.
- . To operate the fourteen different kinds of natural reflexes/ urges.
- . To activate the seven physical constituents in functional co-ordination.
- . To strengthen the five sense organs.
- . In the above processes Vatham plays a vital role to assist the body functions.

### **Functions of deranged Vatham (Vali) (Abnormal functions of Vatham)**

- Body pain
- Pricking pain
- Pain as though the body is tightly bounded by cords
- Nervous debility
- Tremor
- Rigidity
- Dryness
- Remorseless
- Debility (Emaciation)
- Throbbing pain (Restrictions of movements)
- Trauma
- Dislocation of joint
- Weakness of functional organs and loss of functions
- Loss of taste sensation or preparation of Astringent taste only
- Constipation
- Concentrated urine
- Thirst
- Sensation of fragility in the foreleg and thigh
- Numbness and pricking pain in the bones
- Goose skin
- Stiffness of upper and lower limbs and black
- The skin, eyes, faeces and the urine are dark in colour.

## நோய் வரும் வழி:(Environmental Factors)

கால இயல்பு:(Environmental Factors)

“வாதவர்த் தனைகால மேதோ வென்னில்  
மருவுகின்ற வாணிகர்க் கடக மாகும்  
ஆதவைப் பசியோடு கார்த்தி தன்னில்  
அடரு மேமற்றமா தங்கள் தன்னில்  
போதவே சமிக்கு கின்றகா லமாகும்  
பொருந்தியே யிவர்தொழில் தான்கண் திறத்தல்  
காதவே கண்முடல் கைகால சைத்தல்  
கடிந்தோட் டமுடக்க லொடுநீட் டலென்னே”

-யூகி வைத்திய சிந்தாமணி-800

Vali disease will be precipitated in the months from Aani to Karthigai(June to December)

“பதுமத்தைப் பூக்க வைக்கும் பானுமிகக் காயும்  
முதுவேனி லிற்புவிற்றீர் முற்றும் - கதுமென  
வற்றும் கபமி கும்வாயுமிகும் வாழ்மாந்தக்  
குற்ற நலிக் கேதிதென் றோது”.

-சித்த மருத்துவாங்க சுருக்கம்

In Mudhuvenilkaalam(Late summer), the increased solar radiation increases the evaporation of water content in the world, at the same time these similar actions on the body produces increased production of mucus for digestion and develop the derangement of vali disease.

## உணவுவகைகள்(Dietary habits)

“வளி தரு காய்கிழங்கு வரைவிலா தமில் கோழை  
புளி தயிர் போன்மிகுக்கு முறையிலா வுண்டி கோடல்  
குளிர்தரு வளியிற் றேகங்குனிப்புற வுலவல் பெண்டிர்  
குளிதரு முயக்கம் பெற்றோர் கடிசெயல் கருவியாமல்”.

-சபாபதி கையேடு

According to Sababathikaiyedu, increased intake of tubers, increased exposure to wind, living in higher altitudes, increased sexual desire, and increased exposure to chill weather will Vali disease.

"தொழில் பெறு கைப்புக்கார்த்தல் துவர்த்தல் விஞ்சுகினுஞ்சோறும்  
பழையதாம் வரகு மற்றைப் பைந்தினையருந்தினாலும்  
எழில் பெறப்பகலுறங்கி இரவினிலுங் காதாலும்  
மழை நிங்கா குழலினாலே வாதங்கோ பிக்குங்கானே."

-பரராச சேகரம்

According to Pararaasa Sekaram, increased intake of bitter taste, astringents, sour tastes, increased intake of old cooked rice, day slumber and staying back at night will increase Vali.

### பழக்க வழக்கங்கள் (Habits)

வெய்யிலில் நடக்கையாலும் மிகத்தண்ணீர் குடிக்கையாலும்  
செய்யிழை மகளினரைச் சேர்ந்தனுப விக்கையாலும்  
பையனே உண்மையாலும் பாகற்காய் தின்கையாலும்  
தையலே வாதரோகம் சனிக்குமென்றறிந்து கொள்ளே

-தேரையர் வாகடம்

Excessive walking in hot sun, excessive intake of water bitter guard increased sexual desire, may play a role in disturbing the normal function of Vali.

### COMMON CAUSES FOR VATHA DISEASE

"என்னவே வாதந்தா னெண்ப தாகும்

இகுத்திலே மனிதர்ளுக் கெய்து மாறு

பின்னவே பெண்தனையே சோரஞ் செய்து

பெரியோர்கள் பிராமணரைத் தூஷ ணித்தும்

வன்னவே வச்சொத்திற் சோரஞ் செய்து

மாதாபிதா குருவைம றந்து பேர்க்கும்

கன்னவே வேதத்தை நிந்தை செய்தால்

காயத்திற் கலந்திடுமே வாதந் தானே".



"தானென்ற கசப்போடு துவர்ப்பு ரைப்பு  
சாதகமாய் மிஞ்சுகினுஞ் சமைத்த வண்ணம்  
ஆனென்ற வாறினது பொசித்த லாலும்  
ஆகாயத் தேறலது குடித்த லாலும்  
பானென்ற பகலுறக்க மிரா விழிப்பு  
பட்டினியே மிகவறுதல் பார மெய்தல்  
தேனென்ற மொழியாற் மேற்சிந் தையாதல்  
சீக்கிரமாய் வாதமது செனிக்குந் தானே"

### வாதம் வர்த்திகுங் காலம்

"தானான தந்தவாயு வின்றன் னோடு  
தாக்கான வாதந்தா னெண்ப தாகும்  
ஆனான வறன்றனையே மதியா மாந்தர்  
அகதி பரதேசியர்கட் கன்ன மீயார்  
கோனான குருமொழியை மறந்த பேர்கள்  
கொலைகளவு பொய்காமங் குறித்த பேர்க்கு  
ஊனான சடந்தன்னில் வாதம் வந்து  
உற்பவிக்கும் வேதத்தி னுண்மை தானே"

-யூகி வைத்திய சிந்தாமணி-800

According to Yugi Vaithya Chinthamani, those who are squandering money, insulting elders, abandoning or forgetting the parents, blaspheming the Holy books, not respecting the divine gifts, having wickedness in their mind and those with day slumber and staying back at night will attract Vali diseases. Increased intake of bitter taste, astringent, hot taste, increased intake of water, excessive starvation, sexual indulgence will produce Vali diseases.

தொழில் பொறுகைப்புக்கார்த் தல்துவர்த்தல் விஞ்சுகினுஞ்சோறும்  
பழையதாம் வரகு மற்றைப் பைந்தினை யருந்தி னாலும்  
எழில்பெறப் பகலு றங்கி இரவினி லுறங்கா தாலும்  
மழைநிகர் குழலி னாளே வாதங்கோ பிக்குங் கானே  
காணவெ மிகவுண் டாலுங் கருதுபட் டினிவிட்டா

மானனை யார்கண் மோக மறக்கினு மிகுந்திட்டாலும்  
 ஆணவ மலங்கடம்மை யங்ஙனே விடாத தாலும்  
 வானுதன் மடநல் லாளே வாதங்கோ பிக்குங் காணே.  
 பாரினிற் பயப்பட்டாலும் பலருடன் கோபித் தாலும்  
 காரெனக் கருதி யோடிக் கழுமரத் துரத்தி னாலும்  
 ஏர்பெறு தனது நெஞ்சின் மிகத்துக்க மடைந்தாலும்  
 பாரியகாற்றி னாளும் படரினும் வாதங் காணும்  
 காலங்கண் மாறி யுண்ணும் காரியத் தாலுந் தண்ணிர்  
 சாலவெ யருந்தி ணாலுங் சந்தியி லுட்கார்ந் தாலும்  
 கோலமாம்புளிப்பு நெய்மை குறைவற வருந்தி னாலும்  
 வாலவார் முலைநல் நாள்ளேவாதமுற் பவிக்குங் காணே  
 உற்பவித் தெழுமப் போதே யுயர்புறத்துடையைப்பற்றித்  
 தெற்பறக் குடைந்து நோவுஞ் செய்துமேல நோக்கு மாகில்  
 விற்பொலி நுதலி னாளே மேலிடுங் குணங்க டம்மில்  
 சொற்பெறு வாதம் வண்ணஞ் செய்யகா லடியைப்பற்றி  
 தெரிந்துமுன் சொன்ன வண்ணஞ் செய்யகா லடியைப் பற்றி  
 மாந்தனைப் போற்றி மிர்த்துமற்றுமேல் நோக்கு மாகில்  
 அரன்றனைத் துதியா மாந்த ரனுசரிக் கின்ற கோயில்  
 சரிந்திடுங் குழலாய் வாதங் குடிபுகுங் சாற்றுங் காலே

-பரராச சேகரம்.

Parasa Sekaram also states the same that is also stated in Yugi Vaithya Chinthamani like increased intake of varagu, thinai, ghee and kaippu taste, increased intake of food, increased fear , excessive anger, deep sadness, increased exposure to forcible flow of air, altered dietary timings etc.

"கானடையாலச் சத்தாற் கடும்பசி யார்கோ பத்தால்  
 ஊன்மி லிரவில் வார்த்தை யுரம்பெற விரைக்க லாலுண்  
 ஆன்பின்முனிவால் மாரு தடுத்தடுத்த துரைக்குஞ் சொல்லால்  
 ஈன்மி லிகழ்ச்சி யான விகல்வாத கோபங் காணும்"

-அங்காதிபாதம்

According to Angaathipatham, increased starvation and increased anger will produce vali disease.

"வெய்யில் நடக்கை யாலும் மிகந் தண்ணிர் குடிக்கை யாலும்  
செய்யிழை மகளி னாளைச் சேர்ந்தனு பவிக்கை யாலும்  
தையவே வாத ரோகஞ் சனிக்கும்மெனற்றிந்து கொள்ளே"

-தேரையர் வாகடம்

According to Theraiyar Vagadam, walking under hot sun, increased sexual desire, increased intake of food and bitter gourds will produce Vali disease.

வாதநோக்கான இயல்பு: (Characteristic features of Vatha)

"வாதமே கதித்த போது வாயுவுமெழும்புங் கண்டீர்  
வாதமே கதித்த போது வாயுவந்திடுஞ் சன்னி தோஷம்  
வாதமே கதித்த போது வல்லடுன் மெலிந்து கொல்லும்"

-அகத்தியர் சிகிச்சா ரத்னதீபம்

According to Agasthiyar Sigicha Rathna Deepam derangement in Vali will produce delirium and emaciation.

"வாதவீறு அன்னமிறங்காது கடுப்புண்டாம் வண்ணமுண்டாம்  
மோதுகட்கு ரோகம் சுரமுண்டா மிருமலுமா முறங்காதென்றும்  
ஓதரிய வாதமனலாகு நடுக்கமுண்டாம் பொருள்களயர்ந்த  
தீதெனவே நரம்பித்து சந்துகள் தோறுங்கடக்குந் தினமுந்தானே"

-தேரையர் வாகடம்

According to TheraiyarVagadam, deranged vali produce loss of appetite, fever, cough, insomnia, shivering of the body, nervine disorders, and pain in all the joints.

#### வாதங்கூறு விருத்தம்

"சொல்லவே வாதமது மீறிற்றானால்  
சோர்வடைந்து வாய்வினால் தேதகமெங்கும்  
மெல்லவே கைகால் சதியுண்டாகும்  
மெய்மடங்கும் நிமிர்வொண்ணாதிமிருண்டாகும்  
வெல்லவே பொருமும்வயிறுளைக்கும்  
விரும்பன்னஞ் செல்லாதுவிந்து நஷ்டம்  
கொல்லவே நாப்புளிக்கும் கழிச்சலுண்டாம்  
கூறினார் மலையமுனி கூறினாரே

வாதமீறினால் வாயுவினால் தேகமெல்லாங்  
 குத்துங் கால்கை சந்து பொருத்துக்கள் உளையும்  
 கால்கையொரு பக்கத்தில் முடங்கும் குனிந்தால்  
 நிமிர்வொட்டாது திமிருண்டாகும் உடல் பொருமும்  
 குடல்புரட்டும் அன்னஞ்சுருங்கும் வயிறு மந்திக்கும்  
 பொருமும் மலசலங்கட்டும் அபானஞ்சுருங்கும்  
 நாவு புளிக்குந் தாது நட்டமாகுங் கழிச்சலுண்டாகும்”.

According to Vatha KooruVirutham, deranged Vali produces fatigue, lethargy, loss of appetite, abdominal discomfort, diarrhoea, constipation, cough, insomnia and joint pain. ரோகிகளின் தேகமுதலான குறிகள் :

"அறைந்தோம் வாதரோகியுடல் அலர்கண்முகமும்பல்மலமும்  
 நிறைந்த விழியில் நீர்வடியும் நீண்ட நாவு கறுத்திட  
 திறைந்த முள்ளாய் தானிருக்கும் சிறுநீர் பொருமிகறுத்துவரு  
 முறைந்த நீருங் கறுகறுத்துமுரையாய் ரோக முண்டாமே"

Physical nature of vatha constitution is dark coloured face, eye, teeth, and stool.

#### KINDS OF VATHAM-10

“முறைமையாம் பிராணனோ டபானைன் வியானன்  
 மூர்க்கமா முதானனொடு சமான னாகன்  
 திறமையாய் கூர்மனோடு கிருகி ரன்றான்  
 தேவதத்த னொடுதனஞ் சயனு மாகும்”.

-யூகி வைத்திய சிந்தாமணி-800

Even though the vatham is a single functional unit, it has gotten different forms and actions.

#### 10 Different Kinds of Vatham

- ✓ Praanan(Respiratory functions)
- ✓ Abaanan(Excretory functions)
- ✓ Viyaanan(Perfusion of oxygen & nutrients)
- ✓ Samaanan(Homeostatic functions)
- ✓ Udhaanan(Reverse peristalsis)
- ✓ Naagan(Higher intellectual functions)

- ✓ Koorman(Constrictory functions)
- ✓ Kirukaran(Secretory functions)
- ✓ Devathathan(Mental &physical sluggishness)
- ✓ Dhananjeyan(Bloater of the body)

**CLASSIFICATION OF VATHAM IN CLASSICAL LITERATURE:**

S.NO	NAMES OF THE BOOKS	TYPES OF VATHAM
1.	Yugi vaithiya cinthamani	80
2.	Astanga sangiramam	85
3.	NoiNaadal Noi MudalNaadal vol 2	81
4.	Theraiyar vaagadam	81
5.	Dhanvantri vaithiyam	81
6.	Jeeva rakshamirtham	80
7.	Agathiyar -2000	80
8.	Boharvaithiyam	84
9.	Agathiyar kurunaadi	84
10.	Agathiyar rathnachurukkam-500	84
11.	Pararasasekaram	80

**Table-10 Classical Literature**

## **FUNCTIONS OF DERANGED VALI:**

(Altered function of Vali)

"வாதமே கதித்த போது வாயுவு யெழுப்பி மீளும்  
வாதமே யிரும லாகித் தொடந்திடுஞ் சன்னி வாதம்  
பேதமே செய்கி ராணி பெறுவயி றுதா தோஷம்  
போதவே தோன்று மென்று பொருந்தவே முனிவர் சொன்னார்  
வாதமே முதலா நாடி வாதமே தூல காயம்  
வாதமே பெலவா னாகும் யழலை வேண்டும்  
வாதமே மந்தம் பற்றும் வாதமே சீத காலம்  
வாதமே யுடற்கு ளிர்ச்சி வாதமே மூலமாமே  
வாதமே வாயு வாகும் வாதமே காலிற் சேரும்  
வாதமே நன்னி யோடு மருவிடில் வலியு முண்டாம்  
வாதமே விடியப்பத்து வாதமே சாயங் காலம்  
வாதமே புளிப்புவாங்கும் வாதமுந் தளர்ச்சி காலம்

-பரராசசேகரம்

According to Paraaasa sekaram the deranged Vali will produce cough, delirium, diarrhoea and abdominal distension.

"வாதவீறு அன்னமிறங்காது கடுப்புண்டாம் வண்ணமுண்டாம்  
மோதுகட்கு ரோகம் சுரமுண்டாம்  
மிருமலுமா முறங்காதென்றும்"

-தேரையர் வாகடம்

According to the Sage Theraiyar, the deranged Vali produces reduced appetite, fever, cough, and insomnia.

"செய்யவே வாதத்தால் வருநோய் சொல்வேன்  
சிக்கிமல சலங்கடுத்த லுளைதல் குத்தல்  
நையவே ககறுத்துக் கண்ணீர் வீழ்ந்து  
நாச்சிதறி வெடித்துவாய் திக்கி பேசல்  
மெய்தடித்து மிகநோதல் பொருமல் கொள்ளல்  
விந்துவலி தான் குறைந்து மந்தமாதல்  
பையவே குளிர்ந்திருத லான் வெல்லாம்

பலவாகக் கண்டறிந்து சிந்திப்பாயே"

-அங்காதிபாதம்

“பாங்கான வாதந்தான் மீறுமாகிற்  
பருவயிறு சுவாசமுடன் குத்துக்கோழை  
நீங்காத பிடிப்புவுளை வாயு தொந்தம்  
நீர்வெடித்துப் பாய்தல் மந்தம் விடமிப்பாதல்  
தூங்குசன்னி வாதசுர மதனிற் தோடம்  
தொகுத்த கிரா ணிக்கழிச்ச லுதர தோடம்  
வாங்குபல வலிகுளிர்ச்சி குன்மவாத  
மலசலகட் டிடல்வாத வந்திப்பாமே”.

-அங்காதிபாதம்.

According to Angaathipatham the deranged Vali produces constipation, scanty micturition, and increased lacrimation, with darkening of eyes, fissures in tongue, dysarthria, flatulence, abdominal distension, cough with expectoration, indigestion and diarrhoea.

“காணப்பா வாதமீறில் கால்கைகள் பொருந்து நோவும்  
பூணப்பா குடல்புரட்டும் மலசலம் பொருமிக் கட்டும்  
ஊணப்பா குளிர்நங் காய்ச்சல் உடம்பெல்லாம் குத்துவாய்வு  
வீணப்பா குதமிறுக்கும் வியர்வையும் வேர்க்கும் தானே”.

-அகத்தியர் வைத்திய காவியம் 1500

According to Agathiyar vaithiya kaaviyam, the deranged Vali produces pain in the joints of the hands and legs, flatulence, constipation, scanty micturition, fever with rigor, generalized body pain and increased sweating.

“தக்க வாயு கோபித்ததால் சந்துவுளைந்து தலைநோவா  
மிக்க மூரி கொட்டாவி விட்டங் கெரியு மலங்கட்டும்  
ஒக்க நரம்பு தான்முடங்கு முலர்ந்துவாநீ ருறிவரும்  
மிக்க குளிரும் நடுக்கமுமாம் மேனி குன்றி வருங்கானே”.

-தேரையர் வாகடம்

According to Theraiyar vagadam, the deranged Vatham produces pain in the joints, headache, constipation, increased salivation, chills with rigor, loss of normal complexion.

“ஆகங்கறுக்குநோ யாகந் துடிக்கும்

ஆறாத்தீ யென்னமெய் யேகங் கொதிக்கும்  
ஆருமெய் வியர்தியிர் வீமந்தம் வாய்முச்சு  
ஆகுமேயிது வாதமேலினி”.

-தேரையர் கரிசல்

According to Theraiyar karisal, the deranged vatham produces blackish discoloration of body, feverishness increased sweating, indigestion and dyspnoea.

“மேவியவாதஞ் செய்யுங் குணந்தன்னை வியம்பக் கேளாய்  
தாவியே வயிறு தந்தஞ் சந்துகள் பொருத்து நோவாஞ்  
சீவிய தாதுநாசஞ் செறுத்துடன் சிறுநீர் வீழுங்  
காவிய கண்ணி னாளே மலமது கருகிவிழும்”.

-அகத்தியர் வாத காவியம் 1000

According to Agathiyarvathakaaviyam and kannusamiyam the deranged Vatham produces abdominal discomfort, pain in joints, oliguria, dysuria, constipation flatulence.



## ORU THALAI VATHA BEDHAM

Vatha rogam has so many classification. Oru thalai vatha bedham is one of the 80 types of vatha disease.

The dissertation subject Oru thalai vatha bedham is form Yugi vaiththiya chinthamani ,

### ஒரு தலைவாத பேதம்

பகரான வொருதலையைப் பாதி நொந்து

பகழிகொண்டு மௌலிதனைப் பிளந்தாற் போல

நிகரான கண்ணுநீர் பாய்ந்து காந்தி

நெடுமூச்சு விட்டுமே நினைந்து துன்பம்

திகரான சடந்தானுந் திடுக்குண் டாகிச்

சிணுக்கிரு மலாகியே பசிகா ணாது

வகரான வாதமாய் மயிர்க் கூச்சாகும்

வாத பேதத்தோர்தலை வலியு மாமே.

-யுகி வைத்திய சிந்தாமணி பெருநூல்-800

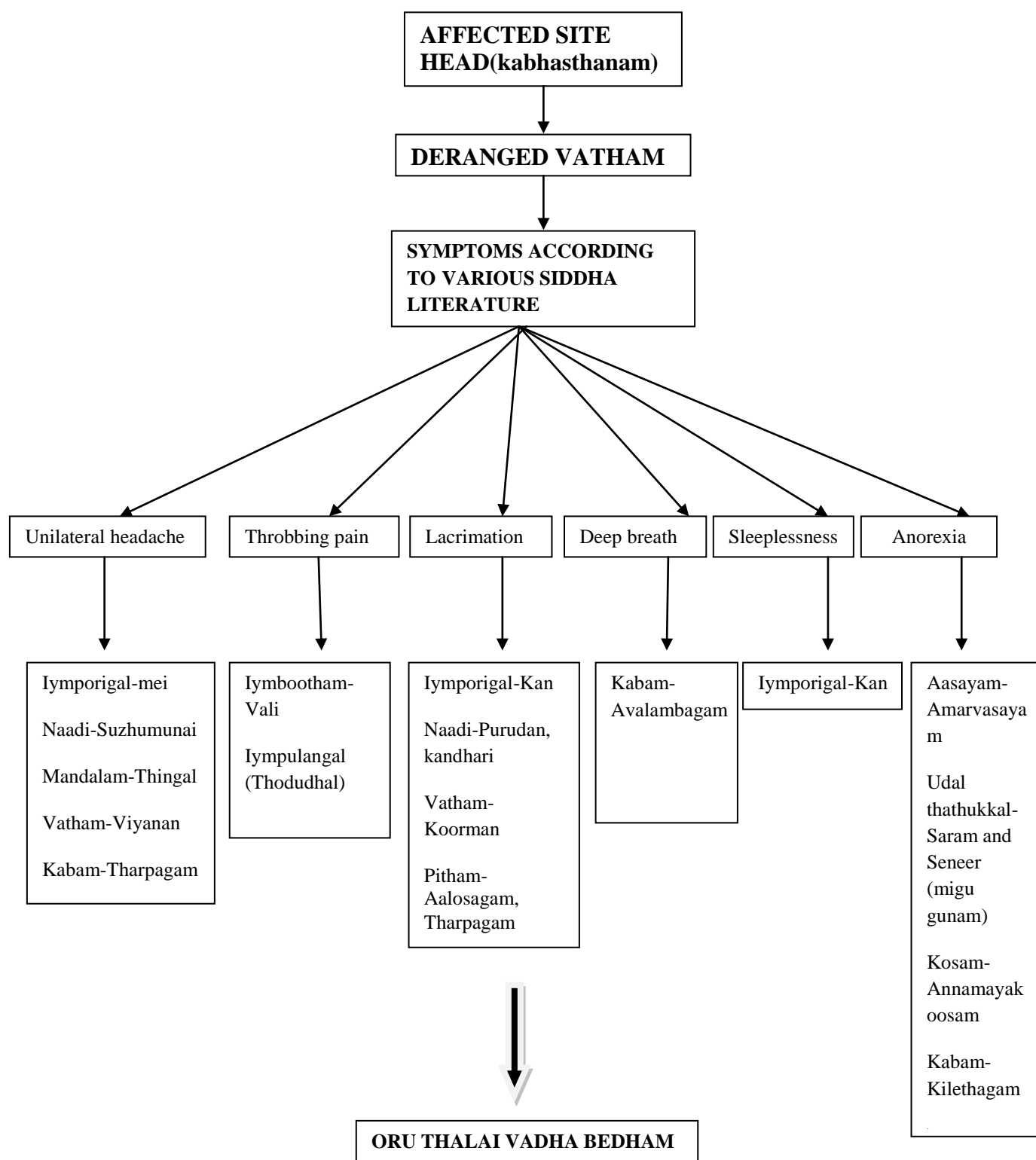
(பக்கம் எண்-239)

### CLINICAL FEATURES:

- Unilateral headache
- Throbbing pain
- Lacrimation
- Deep breath
- Sleeplessness
- Anorexia
- Horripilation

## 6. PATHOGENESIS OF ORUTHALAI VATHA BEDHAM

### PATHOGENESIS OF ORUTHALAI VADHA BEDHAM



## **PATHOGENESIS OF ORUTHALAI VATHA BEDHAM :**

The basic constitution of the body is made up of 96 Thathuvams. Due to diet and other activities 96 Thathuvams get deranged and result in diseases, either pertaining to body or mind.

## **DERANGED 96 THATHUVAS ARE AS FOLLOWS**

### **1. AYMBOOTHAMS (FIVE ELEMENTS)**

Vali – Vali is the constituent of vatha humour which affects and then produce pain in the body. In Oruthalai vaadha bedham, vadham is affected in the place of kabham. (i.e) head is the place of kabham in which deranged vatham causes illness.

### **2. IYMPORIGAL (PENTA SENSORS)**

Mei- Unilateral headache , intensity like throbbing pain.

Kan – Lacrimation of eye.

### **3. IYMPULANGAL ( FUNCTIONS OF PENTA SENSORS)**

Thoduthal(Touch)- Unilateral headache, intensity like throbbing pain.

### **4. ANDHAKARANAM(STATIONS OF SOUL)**

Manam- Depression due to illness.

### **5. NAADI (DIFFERENTIAL PULSE PERCEPTION)**

Suzhumunai- Unilateral headache present

Purudan- Lacrimation present

Gandhaari- Lacrimation present

### **6. AADHAARAM (STATIONS OF SOUL)**

Aakinai- Unilateral headache present

### **7. MANDALAM**

Thingal mandalam- unilateral headache with throbbing pain.

### **8. PATHINAANGU VEGANGAL (NATURAL URGES/REFLEXES)**

Thummal(sneezing)-Headache

Malam(Stool)- Headache

Vizhineer(Tears)-Headache

Nithirai(Sleep)- Headache

## 9. AASAYAM:

Amarvaasayam- Anorexia

## 10. DERANGED UYIR THATHUKKAL

### (HUMORAL OR TRIDOSHA PATHOLOGY)

Panchaboothams manifests in the body as three vital forces, Vatham, Pitham, Kabam.

### DERANGED OF VATHAM OR VAYU

In Oru thalai vatha bedham, primarily affected vayukkal are Samanan, Viyanan, Naagan, Koorman, Kirukaran. Increased vatham produces insomnia.

Types of vatham	Derangements
Samaanan	It is the vatham, which responsible for normal function of other vatham.
Viyanan	It is affected because unable to do regular activities by increased headache
Naagan	It is the vatham responsible for horripilation(goose skin)
Koorman	It is the vatham responsible for lacrimation(tearing)
Kirukaran	It is the vatham responsible for hunger

### DERANGED PITHAM

In Oru thalai vatha bedham, primarily affected pitham is Saathaga pitham.

Types of pitham	Derangements
Analpitham	Anorexia
Aalosaga pitham	lacrimation
Saathagam	Difficulty to concentrate in work due to increased headache

## DERANGED KABAM

In Oru thali vatha bedham, primarily affected kapham is Tharpagam.

Types of kabam	Derangements
Avalambagam	Deep breath
Kiledhagam	Anorexia
Tharpagam	Increased lacrimation and unilateral headache

## 11. DERANGED UDAL THATHUKKAL

Saaram (migu gunam) – Anorexia

Senneer (migu gunam) – Anorexia

## 12. KOSAM (BODY SYSTEMS)

### a) **Annamaya kosam-** Affected

Annamaya kosam is affected because of 7udal thathukkal forming this kosam are affected.

### b) **Praanamaya kosam-**Not affected

### c) **Mannomaya kosam-**Affected

It is affected because patient feels sorrow about the illness.

### d) **Vignanamaya kosam-** Affected

It is affected because Gnanenthiriyam forming this kosam are affected.

### e) **Aanandhamaya kosam-** Affected

It is affected because patient feels unhappy due to the illness.

According to various literatures in siddha system the deranged vatham produces many symptoms such as Throbbing pain, insomnia, increased lacrimation, headache, dyspnoea etc.,

Humour affected	Udal thathukkal affected	Clinical presentation
<ul style="list-style-type: none"> <li>• <b>VATHAM</b> Samanan Viyanan Naagan Koorman Kirukaran</li> <li>• <b>PITHAM</b> Anal pitham Alosaga pitham Sathaga pitham</li> <li>• <b>KABAM</b> Kilethagam Tharpagam</li> </ul>	<ul style="list-style-type: none"> <li>• Saaram Migu gunam</li> <li>• Senneer Migu gunam</li> </ul>	<ul style="list-style-type: none"> <li>• Unilateral headache</li> <li>• Throbbing pain</li> <li>• Lacrimation</li> <li>• Sleeplessness</li> <li>• Anorexia</li> <li>• Deep breath</li> <li>• Horripilation</li> </ul>

## 7. DIFFERENTIAL DIAGNOSIS

### DISCUSSION OF DIFFERENTIAL DIAGNOSIS BETWEEN ORUTHALAI VATHA BEDHAM AND RATHA PITHA THALAI NOOKAADU

#### ஒரு தலைவாத பேதம்

பகரான வொருதலையைப் பாதி நொந்து  
பகழிகொண்டு மௌலிதனைப் பிளந்தாற் போல  
நிகரான கண்ணுநீர் பாய்ந்து காந்தி  
நெடுமூச்சு விட்டுமே நினைந்து துன்பம்  
திகரான சடந்தானுந் திடுக்குண் டாகிச்  
சிணுக்கிரு மலாகியே பசிகா ணாது  
வகரான வாதமாய் மயிர்க் கூச்சாகும்  
வாத பேதத்தோர்தலை வலியு மாமே.

-யுகி வைத்திய சிந்தாமணி பெருநூல்-800  
(பக்கம் எண்-239)

As per Sage yugi's text, Oruthalai vatha bedham is characterized by Unilateral headache, throbbing pain, lacrimation, sleeplessness, anorexia, deep breath, horripilation.

#### இரத்தபித்த தலை நோக்காடு

சன்னியாய் குளிர்ந்துமே வெச்சென் றாகும்  
தாகமே மிகவுண்டாய் மயிர்க் கூச்சாகும்  
தின்னியாந் திமிர்திமிர்த் திரத்த மீறிச்  
செவிமூக் குவாயாலே ரத்தம் வீழும்  
உன்னியா யுடலதுதான் றுடிப்புண் டாகும்  
ஊக்கமாஞ் சுவாசமது மெத்த வாகும்  
கன்னியாஞ் சரீரமது கருக லாகும்  
கதித்தெழுந் திரத்தபித்தந் தலைநோக் காடே

-யுகி வைத்திய சிந்தாமணி -800  
(பக்கம் எண்-126)

As per Sage Yugi's text, Rathapitha thalai nookaadu is characterized by excessive thirst with horripilation, bleeding from nasal cavity and mouth, sleeplessness, difficulty in breathing, discolouration in body.

## SIMILARITIES

ORU THALAI VATHA BEDHAM	RATHA PITHA THALAI NOOKAADU
“வகரான வாதமாய் மயிர்க் கூச்சாகும்” Horripilation	“தாகமே மிகவுண்டாய் மயிர்க் கூச்சாகும்” Horripilation
“திகரான சடந்தானுந் திடுக்குண் டாகிச்” Sleeplessness	“உன்னியா யுடலதுதான் றுடிப்புண்டாகும்” Sleeplessness
“நெடுமூச்சு விட்டுமே நினைந்து துன்பம்” Deep breath	“ஊக்கமாஞ் சுவாசமது மெத்த வாகும்” Deep breath

Table-12-Differential diagnosis

## DISSIMILARITIES

ORUTHALAI VATHA BEDHAM	RATHA PITHA THALAI NOOKAADU
“சிணுக்கிரு மலாகியே பசிகா ணாது” Anorexia	“செவிமூக் குவாயாலே ரத்தம் வீழும்” Bleeding from nasal cavity and mouth.

Table- 13-Differential diagnosis

### சந்திராவர்த்தம்

சுருபமா யுடம்பெங்கும் வலியு மாகித்  
தும்மியே மூக்கடைத்துச் சுகந்த மற்று  
புருவமே மிகவலித்து நெற்றி யோடு  
புண்போல் குடைந்திட்டுப் புளக மாகி  
அருபமா யந்தியின் போது தோன்றி  
அர்த்த ராத்திரிமட் டுமலைச் சலாகி  
சுருபமாய் விடிகிற நேரத்திற் றானும்  
சாய்க்குமே மாசந்திர வர்த்த மாமே.

-யூகி வைத்திய சிந்தாமணி -800

(பக்கம் எண்-127)



## SIMILARITIES

ORUTHALAI VATHA BEDHAM	CHANDRAVARTHAM
பகரான வொருதலையைப் பாதி நொந்து Unilateral headache	புருவமே மிகவலித்து நெற்றி யோடு Pain in frontal head and eyebrow
நெடுமூச்சு விட்டுமே நினைந்து துன்பம் Deep breath	தும்மியே மூக்கடைத்துச் சுகந்த மற்று Nasal congestion
திகரான சடந்தானுந் திடுக்குண் டாகிச் Sleeplessness	அர்த்த ராத்திரிமட் டுமலைச் சலாகி Sleeplessness

Table- 14-Differential diagnosis

## DISIMILARITIES

ORUTHALAI VATHA BEDHAM	CHANDRAVARTHAM
வகரான வாதமாய் மயிர்க் கூச்சாகும் Horripilation	சருபமாய் விடிகிற நேரத்திற் றானும் Headache subsides in morning hours.

Table- 15- Differential diagnosis

### நெற்றி சூலை வாதம்

வாறான நயனந்தான் புருவ மற்றை

மத்தியத்திற் குடைந்துமே மூக்குத் தண்டு

கூறான குரலினைத்தான் பற்றி நொந்து

குடைந்து மேகையோடு கால்கள் ரெண்டும்

ஆறான அங்கமெல்லாங் கடுப் புண் டாகும்

அழகு ரலாய்நித்திரையு மயக்க மாகும்

தேரான சிரசுதனில் குற்ற லுண்டாய்ச்

சிறுநெற்றிச் சூலையின்றன் செய்கை தானே

-யூகி வைத்திய சிந்தாமணி -800

(பக்கம் எண்-103)

## SIMILARITIES

ORUTHALAI VATHA BEDHAM	NETRI SOOLAI VAADHAM
பகழிகொண்டு மௌலிதனைப் பிளந்தாற் போல Throbbing pain in head	சிரசுதனில் குற்ற லுண்டாய்ச் Head pain
பகரான வொருதலையைப் பாதி நொந்து Unilateral headache as in Trigeminal autonomic cephalalgia	வாறான நயனந்தான் புருவ மற்றை மத்தியத்திற் குடைந்துமே மூக்குத் தண்டு Pain in between the eyebrows

Table-16- Differential diagnosis

## DISIMILARITIES

ORUTHALAI VATHA BEDHAM	NETRI SOOLAI VAADHAM
திகரான சடந்தானுந் திடுக்குண் டாகிச் Sleeplessness	அமுகு ரலாய்நித்திரையு மயக்க மாகும் Excessive sleep

Table-17-Differential diagnosis

### **Headache**

Headaches are a type of pain referred to the surface of the head from deep head structures. Some headaches result from pain stimuli arising inside the cranium, but others result from pain arising outside the cranium, such as from the nasal sinuses. Headache is common and causes considerable worry amongst both patients and clinicians, but rarely represents sinister disease. The causes may be divided into primary or secondary, with primary headache syndromes being vastly more common. Trigeminal autonomic cephalalgias (TACs) such as cluster headache, chronic paroxysmal hemicrania (CPH), episodic paroxysmal hemicrania, short-lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT) are a group of unilateral painful syndromes all of which are characterized by pain attacks in the facial area innervated by the first branch of the trigeminal nerve and autonomic signs on the same side of the head. Overall, these headaches have a common pathogenetic mechanism, consisting in the activation of the trigeminal and autonomic systems by means of a trigeminal-autonomic reflex. The activation of the autonomic system is not dependent on the intensity of pain. Diagnosis and management of headache is clinically based, offering the doctor the opportunity to be a physician not a filter for test results, with the chance to treat and improve symptoms. Moreover, there is a sufficient biological basis now for headache to satisfy even the most scientific of inquisitors. Here the principles will be set out: the secrets and enjoyment remain, as with anything truly medical, in the clinic.

### **General principles**

The international Headache Society system is explicit in the sense that it uses features of the headache to make the diagnosis, summing features to make the diagnosis more certain. In clinical practice a broad categorization that serves well, and is consistent with the International Headache Society system, is the concept that there are primary and secondary forms of headache. Primary headaches are those in which headache and its associated features are the disease in themselves, and secondary headaches are those caused exogenously, such as headache associated with fever. Mild secondary headache, such as that seen in association with upper respiratory tract infections, is common but only rarely worrisome. The clinical dilemma remains that while life-threatening headache is relatively

uncommon in Western society, it is present and requires suitable vigilance by doctors. Primary headache, in contrast, while not life-threatening is often disabling over time.

### ***Presentation***

The primary purpose of the history and clinical examination in patients presenting with headache is to identify the small minority of patients with serious underlying pathology.

#### **Primary headache syndromes**

- Migraine (with or without aura)
- Tension-type headache
- Trigeminal autonomic cephalalgia (including cluster headache)
- Primary stabbing/coughing/exertional/sex-related headache
- Thunderclap headache
- New daily persistent headache syndrome

#### **Secondary causes of headache**

- Medication overuse headache (chronic daily headache)
- Intracranial bleeding (subdural haematoma, subarachnoid or intracerebral haemorrhage)
- Raised intracranial pressure (brain tumour, idiopathic intracranial hypertension)
- Infection (meningitis, encephalitis, brain abscess)
- Inflammatory disease (temporal arteritis, other vasculitis, arthritis)
- Referred pain from other structures (orbit, temporomandibular joint , neck)

It is important to establish whether the headache comes and goes, with periods of no headache in between (usually migraine), or whether it is present all or almost all of the time. Associated features, such as preceding visual symptoms, nausea/vomiting or photophobia/phonophobia, may support a diagnosis of migraine but others, such as progressive focal symptoms or constitutional upset like weight loss, may suggest a more sinister cause. The headache of cerebral venous thrombosis may be ‘throbbing’ or ‘band-like’ and associated with nausea, vomiting or hemiparesis. Raised intracranial pressure (ICP) headache tends to be worse in the morning and when lying flat or coughing, and associated with nausea and/or vomiting. A description of neck stiffness along with headache and photophobia should raise the suspicion of meningitis although this may present in

atypical ways in immuno-suppressed, alcoholic or pregnant patients. The behaviour of the patient during headache is often instructive; migraine patients typically retire to bed to sleep in a dark room, whereas cluster headache often induces agitated and restless behaviour. The pain of a subarachnoid haemorrhage frequently causes significant distress.

Headache duration is also important to elicit; headaches that have been present for months or years are almost never sinister, whereas new-onset headache, especially in the elderly, is more of a concern.

The major trigeminal autonomic cephalalgias (TACs), ICHD-3 3.1 Cluster headache (CH)

1. Episodic cluster headache (ECH)
- 1.2 Chronic cluster headache (CCH)
2. Paroxysmal hemicrania (PH)
- 2.1 Episodic paroxysmal hemicrania (EPH)
- 2.3 Chronic paroxysmal hemicrania (CPH)
3. Short-lasting unilateral neuralgiform headache attacks (SUNHA)
- 3.1. Short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT)
- 3.2 Episodic SUNCT
- 3.4 Chronic SUNCT
- 3.5 Short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms (SUNA)
- 3.6 Episodic SUNA
- 3.7 Chronic SUNA
4. Hemicrania continua (HC)

## **Headache of Intracranial Origin**

### **Pain-Sensitive Areas in the Cranial Vault.**

The brain tissues themselves are almost totally insensitive to pain. Even cutting or electrically stimulating the sensory areas of the cerebral cortex only occasionally causes pain; instead, it causes prickly types of paresthesias on the area of the body represented by the portion of the sensory cortex stimulated. Therefore, it is likely that much or most of the pain of headache is not caused by damage within the brain itself.

Conversely, *tugging on the venous sinuses around the brain, damaging the tentorium, or stretching the dura at the base of the brain* can cause intense pain that is

recognized as headache. Also, almost any type of traumatizing, crushing, or stretching stimulus to the *blood vessels of the meninges* can cause headache. An especially sensitive structure is the middle meningeal artery, and neurosurgeons are careful to anesthetize this artery specifically when performing brain operations with use of local anesthesia.

### **Areas of the Head to Which Intracranial Headache Is Referred.**

Stimulation of pain receptors in the cerebral vault above the tentorium, including the upper surface of the tentorium itself, initiates pain impulses in the cerebral portion of the fifth nerve and, therefore, causes referred headache to the front half of the head in the surface areas supplied by this somatosensory portion of the fifth cranial. Conversely, pain impulses from beneath the tentorium enter the central nervous system mainly through the glossopharyngeal, vagal, and second cervical nerves, which also supply the scalp above, behind, and slightly below the ear. Subtentorial pain stimuli cause “occipital headache” referred to the posterior part of the head.

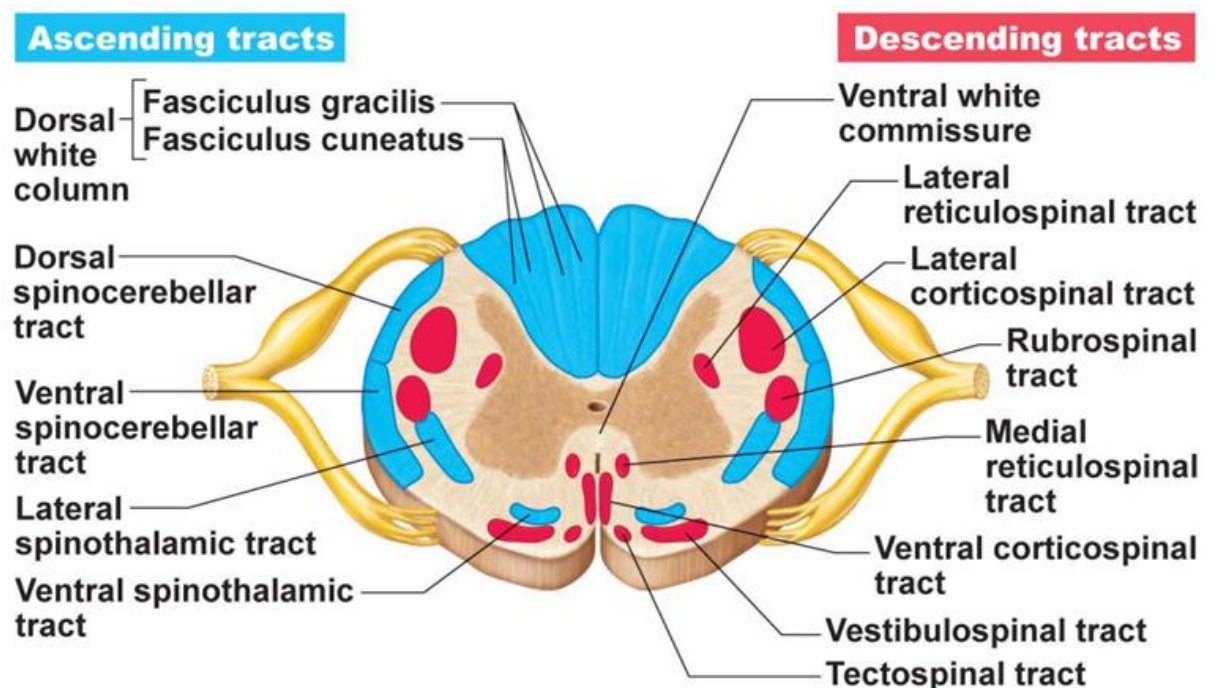


Fig-1-Cross section of the spinal cord, showing principal ascending tracts on the right and principal descending tracts

### **Clinical assessment**

An assessment of conscious level (using the Glasgow Coma Scale (GCS)) should be performed early and constantly reassessed. A decreased conscious level suggests raised ICP and urgent CT scanning (with airway protection if necessary) is indicated. A full neurological examination may provide clues as to the pathology involved; for example,

brainstem signs in the context of acute-onset occipital headache may indicate vertebrobasilar dissection. Neurological signs may, however, be ‘falsely localising’, as in large subarachnoid haemorrhage or bacterial meningitis. Care should be taken to examine for other evidence of meningitis such as a rash (not always petechial), fever or signs of shock. Unilateral headache with agitation, ipsilateral lacrimation, facial sweating and conjunctival injection is typical of cluster headache. Conjunctival injection may also be seen in acute glaucoma, accompanied by peri- or retro-orbital pain, clouding of the cornea, decreased visual acuity and, often, systemic upset. Temporal headaches in patients over 60 should prompt examination for enlarged or tender temporal arteries and palpation of temporal pulses (often absent in temporal arteritis). Visual acuity should be assessed promptly, as visual loss is an important complication of temporal arteritis.

### ***Initial investigations***

If there is any alteration of conscious level, focal neurological signs, new-onset seizures or a history of head injury, then CT scanning of the head is indicated. The urgency of scanning will depend on the clinical picture and trajectory but in many circumstances after headache onset, to look for evidence of xanthochromia. It is increasingly accepted, however, that a negative CT scan within 6 hours of headache onset has such a high degree of sensitivity for excluding subarachnoid haemorrhage that an LP is not necessary. In such circumstances, a CT angiogram should be considered to exclude other pathology, such as arterial dissection. Many headaches require prompt involvement of specialists. Features of acute glaucoma, for example, require immediate ophthalmological review for measurement of intraocular pressures. Suspected temporal arteritis with an erythrocyte sedimentation rate (ESR) of  $> 50$  mm/hr should prompt immediate glucocorticoid therapy and rheumatological referral. Features of raised ICP in the absence of a mass lesion on neuro imaging may indicate idiopathic intracranial hypertension; CSF opening pressure is likely to be informative.

### **Primary headache syndromes**

The primary headaches are a group of fascinating syndromes in which headache and associated features are seen in the absence of any exogenous cause. The common syndromes are tension-type headache, migraine, and cluster headache and the collection of headaches known as primary chronic daily, or frequent, headache. Some other less well known syndromes will be mentioned because they are easily treated when diagnosed.

Duration of the TACs

- Hemicrania continua (HC): Continuous pain with exacerbations daily or several times a week lasting hours to days each
- Cluster headache (CH) attacks: 15–180 min
- Paroxysmal hemicrania (PH) attacks: 2–30 min
- Short-lasting unilateral headache attacks (SUNHA); short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT)/Short-lasting unilateral neuralgiform headache attacks with cranial autonomic symptoms (SUNA) attacks): 1–600 s

### **Pathophysiology of headache**

Understanding of headache has advanced considerably over the last decade. The severe primary headaches—migraine and cluster headache—have been studied extensively. In experimental animals the detailed anatomy of the connections of the pain-producing intracranial extracerebral vessels and the dura mater has built on the classical human observations that it is these structures, and not the brain, that are responsible for generating pain from within the head.

The key structures involved in the nociceptive process are:

The large intracranial vessels and dura mater; the peripheral terminals of the trigeminal nerve that innervate these structures; the central terminals and second-order neurones of the trigeminal nucleus. Together these structures are known as the trigeminovascular system. The cranial parasympathetic autonomic innervation provides the basis for symptoms such as lacrimation and nasal stuffiness that are prominent in cluster headache and paroxysmal hemicrania, and which may also be seen in migraine. It is clear from human functional imaging studies that vascular changes in migraine and cluster headache are driven by these neural vasodilator systems so that these headaches should be regarded as neurovascular. The concept of a primary vascular headache should be abandoned since it neither explains the pathogenesis of what are complex central nervous system disorders nor necessarily predicts treatment outcomes. Migraine is an episodic syndrome of headache with sensory sensitivity, such as to light, sound, and head movement, probably due to malfunction of aminergic brainstem/diencephalic sensory control systems. The first of the migraine genes has been identified for familial hemiplegic migraine, in which about 50 percent of families have mutations in the gene for the  $\alpha 1$  subunit of the neuronal P/Q voltage-gated calcium channel. This finding, together with the clinical features of migraine, suggests that it might be part of the spectrum of diseases known as



channelopathies—disorders involving malfunction of voltage-gated channels. Functional neuro imaging has suggested that brainstem regions in migraine, and the posterior hypothalamic grey matter, site of the human circadian pacemaker cells of the suprachiasmatic nucleus in cluster headache, are good candidates for specific involvement in primary headache.

### **Tension-Type Headache**

As its name suggests Tension-Type Headache (TTH) is a term that describes the headache form most seeking understanding. One might challenge the reader to define the essence of TTH, which eludes this author, or consider for a moment how hard it is to study something that is commonly considered to be well understood. TTH has two forms, episodic TTH, where attacks occur on less than 15 days a month and chronic TTH where attacks, on average over time, are seen on 15 days or more a month. The latter is part of the broader clinical syndrome of Chronic Daily Headache but the terms are not equal.

### **Clinical features**

TTH has been defined by the International Headache Society both for its episodic and chronic forms, but by the time this chapter is read that definition will have changed. In the initial classification admixtures of nausea, photophobia, or phonophobia in various limited combinations, without clear biological rationale, were permitted in either the episodic or chronic form of TTH. These are being removed as the classification is being revised. A useful clinical approach is to diagnose TTH when the headache is completely featureless: no nausea, no vomiting, no photophobia, no phonophobia, no osmophobia, no throbbing, and no aggravation with movement. Such an approach neatly divides migraine, which has one or more of these features and is the main differential diagnosis, from TTH. For research I would further divide up the patients with attacks of a TTH phenotype who have migraine at other times, a family history of migraine, migrainous illnesses of childhood, or typical migraine triggers to their attacks, to try and understand what the TTH biology alone imparts to the sufferer.

### **Pathophysiology**

The pathophysiology of TTH is incompletely understood. This results from the fact that the name implies to most that it is a product of nervous tension, for which there is no clear evidence, and the definitions employed have undoubtedly admitted patients with migraine to the studies. It seems likely that TTH will be due to a primary disorder of central

nervous system pain modulation, to contrast with migraine which is a much more generalized disturbance of sensory modulation. There are data suggesting a genetic contribution to TTH but one must question these since they applied the current, faulty, diagnostic criteria.

## **Management**

Adopting the clinical approach to TTH outlined above results in diagnosing a headache form that is usually less disabling, and more in the category of irritating. Its episodic form is generally amenable to simple analgesics.

## **Cluster headache**

Cluster headache is a rare form of primary headache with a population frequency of 0.1 per cent. Most standard textbooks cover the topic and the reading list contains specialized books on cluster headache. Cluster headache is part of a spectrum of primary headaches with prominent cranial autonomic activation, lacrimation, conjunctival injection or rhinorrhoea, collectively known as the Trigeminal-Autonomic Cephalgias (TACs). Cluster headache is probably the most painful condition known to humans; of more than 500 patients on our data base we are yet to talk with one who has had a more painful experience, including childbirth, severe burns and multiple limb fracture. A neurologist should manage cluster headache, if possible. Its core feature is periodicity, be it circadian or in terms of active and inactive bouts over weeks and months. The typical cluster headache patient is male (male:female ratio 3:1) who has one to two attacks of unilateral pain of relatively short duration (30 to 180 minutes) every day for bouts of 8 to 10 weeks a year. Sufferers are generally perfectly well between times. Patients with cluster headache tend to move about during attacks, pacing, rocking, or even rubbing their head for relief. The pain is usually retro-orbital, boring, and very severe. It is associated with a red or watering eye, the nose running or blocking, and eyelid droop, the cranial autonomic symptoms, on the same side as the pain. Cluster headache is likely to be a disorder involving central pacemaker regions of the posterior hypothalamus, which is likely to share much with the other TACs but may be usually differentiated on clinical grounds from them .

## **Management of cluster headache**

Cluster headache is managed using treatments for acute attack and preventative agents. Treatments for acute attacks are usually required by all cluster headache patients at

some time, while preventatives can almost be life-saving for those patients with chronic cluster headache and are often needed to shorten the active periods.

While it is widely accepted that chronic variants exist in some of the primary headaches— notably tension-type headache, cluster headache, and paroxysmal hemicrania—chronic migraine is a somewhat controversial entity in some quarters. Most authorities would agree that migraine may sometimes be chronic in terms of frequency but whether this occurs often or not is frequently argued. The issue of whether patients with frequent headache, some of which fulfils standard criteria for migraine and some for tension-type headache, have a single migrainous problem with two phenotypic manifestations is a very vexed one. Given that tension-type headache describes a phenomenon that is indistinct at best it seems unlikely that all such headaches will have a single underlying mechanism. Considering the population based surveys quoted above, about two-thirds of daily headache patients have chronic tension-type headache and about one-third satisfy the Silberstein–Lipton criteria for 'transformed migraine' (now called Chronic Migraine). The philosophy behind Chronic Migraine is that some patients who inherit a migrainous predisposition end up with Chronic Daily Headache on a migrainous basis. The typical patient will have a dull daily often-featureless pain, punctuated by more severe attacks which would often, in isolation, fulfil standard criteria for migraine. This group is dominant in headache specialty clinics, with about 90 per cent of patients referred to headache clinics having transformed migraine, usually accompanied by overuse of analgesics. It might be that these patients have a more intractable organic problem which explains their over-representation in referral centres. If it is accepted that all other forms of primary headache have chronic counterparts, particularly the typically episodic primary headache, cluster headache, then having frequent migraine is not such a fanciful concept—it can then be called Chronic Migraine, by analogy with the other primary headaches.

### **Paroxysmal hemicrania**

Sjaastad and colleagues first reported eight cases of a frequent unilateral severe but short-lasting headache without remission, coining the term 'chronic paroxysmal hemicrania'. The mean daily frequency of attacks varied from seven to 22 with the pain persisting from 5 to 45 min on each occasion. The site and associated autonomic phenomena were similar to those of cluster headache, but the attacks of chronic paroxysmal hemicrania were suppressed completely by indomethacin. A subsequent review of 84 cases showed a history of remission in 35 cases whereas 49 were chronic. By analogy with cluster headache the

patients with remission have been referred to as having episodic paroxysmal hemicrania, and those without can be labelled with chronic paroxysmal hemicrania. Pareja has recorded attacks which swap sides, just as is known for cluster headache, and attacks with autonomic features without pain. This has been observed in cluster headache after trigeminal nerve section, by this author and others, and is excellent evidence for a disorder which is primarily of the central nervous system.

The essential features of paroxysmal hemicrania are:

- Female preponderance.
- Unilateral, usually frontotemporal, with very severe pain.
- Short-lasting attacks (2 to 45 min).
- Very frequent attacks (usually more than five a day).
- Marked autonomic features ipsilateral to the pain.

### **Hemicrania continua**

The essential features of hemicrania continua are:

Unilateral pain. Pain is moderate and continuous but with fluctuations. Complete resolution of pain with indomethacin. Exacerbations may be associated with autonomic features. Migrainous features, such as nausea, photophobia or phonophobia, are frequently reported. Apart from overuse of analgesics as a secondary aggravation, and a report in an HIV-infected patient, the status of secondary hemicrania continua is unclear. Injection of the greater occipital nerve is not useful in hemicrania continua.

### **Short-lasting Unilateral Neuralgiform headache attacks (SUNCT and SUNA)**

These syndromes have attacks of the shortest duration (1-600 seconds) and most frequent (upto hundreds of times per day). Originally known as SUNCT (Short-lasting Unilateral Neuralgiform headache attacks with Conjunctival injection and Tearing), it became apparent that any one or all of the full range of autonomic features could be present ipsilateral to the side of the attack; and therefore the ICHD-3 beta classification distinguishes between SUNCT and SUNA (Short-lasting Unilateral Neuralgiform headache attacks with cranial Autonomic symptoms), where either conjunctival injection, or tearing, or neither, but not both, are present.<sup>1</sup> Again, SUNCT/SUNA can occur as either episodic or chronic forms (the latter is more common). There is a slight male preponderance in

SUNCT. Multiple cutaneous stimuli have been reported to trigger attacks of SUNCT/SUNA, including: 3

- Touching the face or scalp
- Bathing or showering
- Washing or brushing hair
- Shaving
- Nose blowing
- Chewing or eating
- Brushing teeth
- Talking
- Coughing
- Exercise
- Light (including sunlight and fluorescent lights)

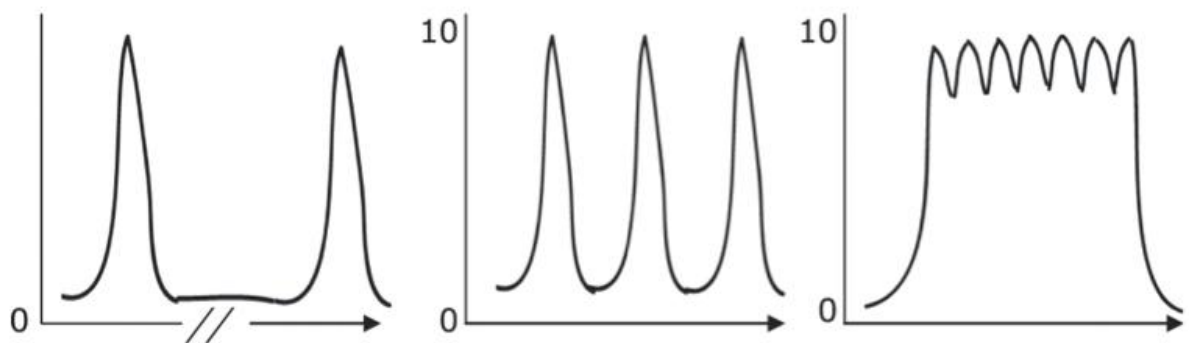
Attacks can be of three types: single stab attacks; groups of stabs; or a saw-tooth pattern, with a group of stabs occurring in quick succession such that the pain does not return to baseline between stabs.

Pain (Verbal Rating Scale from 0 to 10)

1. Single stabs

2. Each attack is a group of stabs

3. Saw-tooth pattern



The different types of attacks in SUNCT/SUNA.

### Differential Diagnoses of the TACs

Primary Headache Syndrome	Differential Diagnoses
CH	Migraine with prominent autonomic features
PH	CH
SUNCT/SUNA	1) Trigeminal Neuralgia 2) CH or PH (groups of stabs of SUNCT/SUNA)
HC	1) CH with background pain 2) Migraine with chronic background pain

### Differential points among the paroxysmal TACs. (Adapted from Goadsby et al. 2010)

Features	Cluster headache	Paroxysmal hemicrania	SUNCT/SUNA
Gender (M/F)	3–6/1	1/1	1.5/1
Pain quality	Stab/sharp/throb/poker	Stab/sharp/throb/poker	Stab/sharp/throb/poker
Severity	Very severe	Severe–very severe	Severe
Distribution	V1 > C2 > V2 > V3	V1 > C2 > V2 > V3	V1 > C2 > V2 > V3
Attack frequency	Every other day–8/day	Mean 11; up to 30/day	Mean 100; >100/day
Attack length	15–180 min	2–30 min	1–600s
Nausea	50 %	40 %	25%
Photo- /phonophobia	65 %	65 %	25%
Triggers			
Alcohol	Yes	Yes	No
Nitroglycerin	Yes	Yes	No
Cutaneous	No	No	Yes

## **Summary**

The TACs include Cluster Headache, Paroxysmal Hemicrania, Short lasting Unilateral Neuralgiform Headache attacks, and recently including Hemicrania Continua. The syndromes vary according to the severity and duration of the attacks (aside from HC which by definition is a continuous). The pathophysiology is suspected to involve the region of the posterior hypothalamus, which by direct hypothalamic-trigeminal connections, and by modulating the trigeminal-autonomic reflex, can result in pain and ipsilateral autonomic symptoms. Medical treatments are specific to each syndrome, apart from greater occipital blockade or stimulation, which may be beneficial in most of the TACs.

## 9. LINE OF TREATMENT AND DIET AND REGIMEN

### Line of Treatment

“வைத்தியச் செயல் வைத்தியமாமே  
பலவாறு மாறுதலடைந்து கெடுக்கின்ற உடலை நிலைக்கும்  
மாறுதல் அணுகாணும் ஒரே தன்மையாக  
செய்தும் அதனாலாஞ் செயிலக்குறைவின்றி  
நடக்கச் செய்வது தெதுவோ அதுவே வைத்தியம்”

-திருமூலர் 800

So the Siddha treatment is not only for removal of disease, but for the prevention and improving the body condition. This is said as follows.

- 1.Kaappu (Prevention)
- 2.Neekkam (Treatment)
- 3.Niraivu (Restoration)

Siddha system has unequivocally stated that even during the time of conception, some defects creep into the fertilized embryo. The defects form the basis for the manifestation of certain constitutional diseases later on during the existence of the individual. The disease for which no known cause is given are designated as diseases of idiopathic origin or hereditary disorders. In Siddha system such diseases are described as Karma noigal.

### 1. Kaappu (Prevention)

#### பிணியணுகா விதி

"திண்ண மிரண்டுள்ளே சிக்க வடக்காமற்  
பெண்ணின்பா லொன்றைப் பெருக்காமல் - உண்ணுங்கால்  
நீர்சுருக்கி மோர்பெருக்கி நெய்யுருக்கி யுண்பவர் தம்  
பேருரைக்கிற் போமே பிணி"

-பதார்த்த குண சிந்தாமணி

In siddha system of medicine there are many ways to prevent disease by changing lifestyle. It is well explained in Theraiyar pinianuga vidhi.



## 2. Neekkam (Treatment)

The Three UyirThathus which are responsible for organization, regularization and integration of the bodily structures and their physiological functions are always kept in a state of equilibrium by word, thought, deed and food of the individual. The general aetiological factors for constitutional discomfort is said to be incompatible diet, mental and physical activities.

When treating for removal of the diseases, the following principles must be noted.

“நோய்நாடி நோய்முதல் நாடி அது தணிக்கும்  
வாய்நாடி வாய்ப்பச் செயல்”

– திருக்குறள்

So it is essential to know the disease and the cause for the onset of the disease, before treating the patient so also to the nature of the patient, the severity of illness, the season and time of the occurrence of the diseases must be observed.

### Clinical Management for Disease Condition

- Normalization of altered uyirthathukal
- Internal medicines
- Asanas
- Diet

### NORMALIZATION OF ALTERED UYIRTHATHUKAL

கபத்தின் இருப்பிடத்தில் (head) வாதத்தின் சேர்க்கை உண்டாகிறது. வாதம், கபம் இரண்டுமே குளிர்ச்சி எனும் பொதுக் குணம்(common gunas) உள்ளது. அதனால் உஷ்ண, வீரியமான மருந்துகளையே இந்நிலையில் தேர்ந்தெடுக்க வேண்டும். முகத்தில் கப வாத சேர்க்கை இருப்பதினால், இரண்டாவது நிலையில் நசியம் இன்றியமையாததாகும். அது உஷ்ண தன்மை உடையதாக இருக்க வேண்டும்.

### 1. ENNAIKULIYAL(OIL BATH)

தலைக்கு எண்ணெய் தேய்த்து குளிப்பதை தவிர்க்க வேண்டும். கப தானம் என்பதால் எண்ணெய் சிகிச்சை மேற்கொள்வதை விட வறண்ட சிகிச்சையே சிறந்தது. (சுக்கு தைலம்)

## **2. KAZHICHALMARUTHUVAM (PURGATION)**

“விரேசனதால் வாதம் தாழும்”

In this study there is an increased vatha humor in kabasthanam. In order to decrease the deranged humor puragation may be one of the line of treatment.

### **2.1 INTERNAL MEDICINES**

Noikkanachooranam, chendooram, kudineer, leghyam.

➤ மாவிலிங்கம், சிற்றரத்தை, சிறுதேக்கு, சுக்கு, தேவதாரு.

### 3.ASANAMS

#### YOGA FOR ORUTHALAI VATHA BEDHAM

Yoga helps ease in headaches by relaxing muscles in your head, back, neck & boosting circulation to your brain and upper body and it improves your posture. Certain poses of yoga may reduce the pain or throbbing sensation.

#### Yogasanam for oruthalai vadha betham

Regarding Oruthalai vadha bedham the following asanas are

- **Uttanasanam**
- **Padhahasthasanam**
- **Pachimothasanam**
- **Savaasanam**
- **Sarvangasanam**



**Padhahasthasanam**



**Sarvangasanam**



**Uttanasanam**



**Pachimothasanam**



**Savaasanam**

<b>NAME OF THE YOGA</b>	<b>PROCEDURE</b>	<b>USES</b>	<b>PRECAUTION&amp; CONTRA INDICATION</b>
<b>Uttanasanam</b> ( Ut- powerful , Tan- to stretch, Asana- posture)	Forward fold that allows your hands to rest on your thighs, ankle and foot.	In this asana, head is below the heart and this allows for blood circulation in your head.	(a)Lower back injury (b) A tear in the hamstring (c) Sciatica (d) Glaucoma or a detached retina
<b>Padhahasthasanam</b> (Pada- foot, Hasta- hand, Asana- posture)	Forward bend asana this pose requires a considerable amount of flexibility in the back, abdomen and legs.	It eliminates stress, anxiety and fatigue. It improves the blood circulation especially the upper part of the body.	Avoid this pose if you have hypertension or any kind of heart disease
<b>Pachimottasanam</b>		Calm the brain and helps to relieve stress and mild depression. Improves digestion. Soothes headache and anxiety.	It should be avoided for those who are suffering from spondylitis as the forward bend can bring pressure to neck and shoulders.
<b>Savaasanam</b>	Lie down flat and keep your hands besides the body and spread them out with palms facing upwards then spread your legs at a slight angle and allow your body muscles to relax.	Reduces the depression, relieves insomnia.	It should be avoid for those who are not advised to lie on the back.
<b>Sarvangasanam</b>	Lie down in supine position, raise your legs slowly upward and bring it to 90 degree angle , the legs, abdomen and chest try to form a straight line and place the palms on your back for support.	It is good for insomnia as it facilitates blood supply. It enhances the blood supply to the head region and it is good for managing headaches.	It should not be performed those who have high blood pressure, glaucoma, shoulder injuries, retinal problems.

## **PREVENTIVE ASPECTS TO AVOID ORUTHALAI VATHA BEDHAM MANAGEMENT**

### **PATIENT COUNSELING AND DIETARY ALTERATIONS**

Reassurance and careful explanation of the functional nature of the disorder and of how to avoid obvious food precipitation are important first steps in patient counselling and dietary change.

### **SEDATIVES**

Sedatives are central nervous system depressants, a category of drugs that slow normal brain function. There are various kinds of CNS depressants, most of which act on the brain by affecting the neurotransmitter gamma-aminobutyric acid(GABA) .

### **ANTI DEPRESSANT DRUGS**

Some of the anti-depressants are prescribed to reduce the frequency and severity of some types of headaches. Some of the drugs are not just limited to depression, which are also considered more effective because that influence serotonin level and other chemical in your brain.

### **DEEP BREATHING, BIOFEEDBACK AND BEHAVIOUR THERAPIES**

It is a method of relaxation therapies which include pranayamam and meditation and are very useful in headache relieving effect.

### **VASO- CONSTRICTORS AND VASO- DILATORS**

The vascular endothelium does not simply act as a physical barrier between the blood and smooth muscle cells, it integrates intravascular signals and controls the contractility of underlying smooth muscle cells by way of release paracrine factors with contracting and relaxing properties.

## **5. DIET AND RESTRICTION**

கபத்தின் இருப்பிடத்தில் (head) வாதத்தின் சேர்க்கை உண்டாகிறது. வாதம், கபம் இரண்டுமே குளிர்ச்சி எனும் பொதுக் குணம்(common gunas) உள்ளது. அதனால் உஷ்ண, வீரியமான உணவு வகைகளை இந்நிலையில் தேர்ந்தெடுக்க வேண்டும்.

Headache sufferers may also experience relief by following a diet rich in magnesium .

- Banana
- Dried apricots

- Avocados
- Almonds
- Cashews
- Brown rice
- Legumes and
- Seeds

#### **Diet restrictions**

- Monosodium glutamate
- Aspartame and other artificial sweeteners.

#### **Foods can trigger headache**

- Eggs
- Tomatoes
- Onions
- Dairy products
- Citrus fruits
- Nitrate found in foods.

## **2. NIRAIVU (RESTORATION)**

Patient needs good discussion and motivation and persuasion to accept the eventuality of Vatha disease and prepare for a lifestyle that provides optimization of metabolic status. In suitable effective medicinal preparations have to be administered in the beginning itself to neutralize and eliminate this disease. Siddhars aimed at bringing the three thotams in equilibrium in the treatment of disease. Towards this end we treat with herbs and mineral preparations are used, while treating to Vatham level in the body. Siddhars prescribed a minimum dosage initially and then increased the dose gradually. There are thousands of formulations for Vatham and for its complications found in various Siddha text books in the dosage forms like Kudineer, Chooranams, Ilahams, Parpam and chenduram. Siddha system lays a great importance on the observation of rules regarding diet in everyday life because the Siddha system has rightly realized, that the basic factor of the body is food while when upset results in disease. That is Annamayakosam is the first among the five kosams constituting our physical and mental existence. To prevent the occurrence of the disease, elaborate inference regarding food item in our daily diet is given in the textbook of Siddha,

“மாறுபாடில்லாத வுண்டி மறுத்துண்ணின்  
ஊறுபாடி ல்லையு யிர்க்கு”

—திருக்குறள்

Generally when a medicine is administered Siddha physician prescribes diet regimen according to the nature of the medicine and severity of the disease. As over intake or consuming unbalanced and incompatible diet is considered to be the prime causative factor for upsetting the Thiridhosa equilibrium leading to the manifestations of various ailments. Regarding diet regimen in Vatham there are special instructions found in Pathartha guna chinthamani and other books.

## 10. MATERIALS AND METHODS

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### 1. STUDY TYPE

Observational type of study

### 2. STUDY DESIGN

A Randomized case control study, single centric study.

### 3. STUDY PLACE

Out patient department and In patient department

National Institute of Siddha, Chennai-47

### 4. SAMPLE SIZE

Patients –30

### 5. SELECTION CRITERIA

#### INCLUSION CRITERIA

1. Age 20-60yrs.
2. Unilateral headache
3. Throbbing pain
4. Lacrimation
5. Sleeplessness
6. Anorexia
7. Deep breath
8. Horripilation

Patients who fulfill any 4 symptoms of the criteria will be included in the study.

#### EXCLUSION CRITERIA

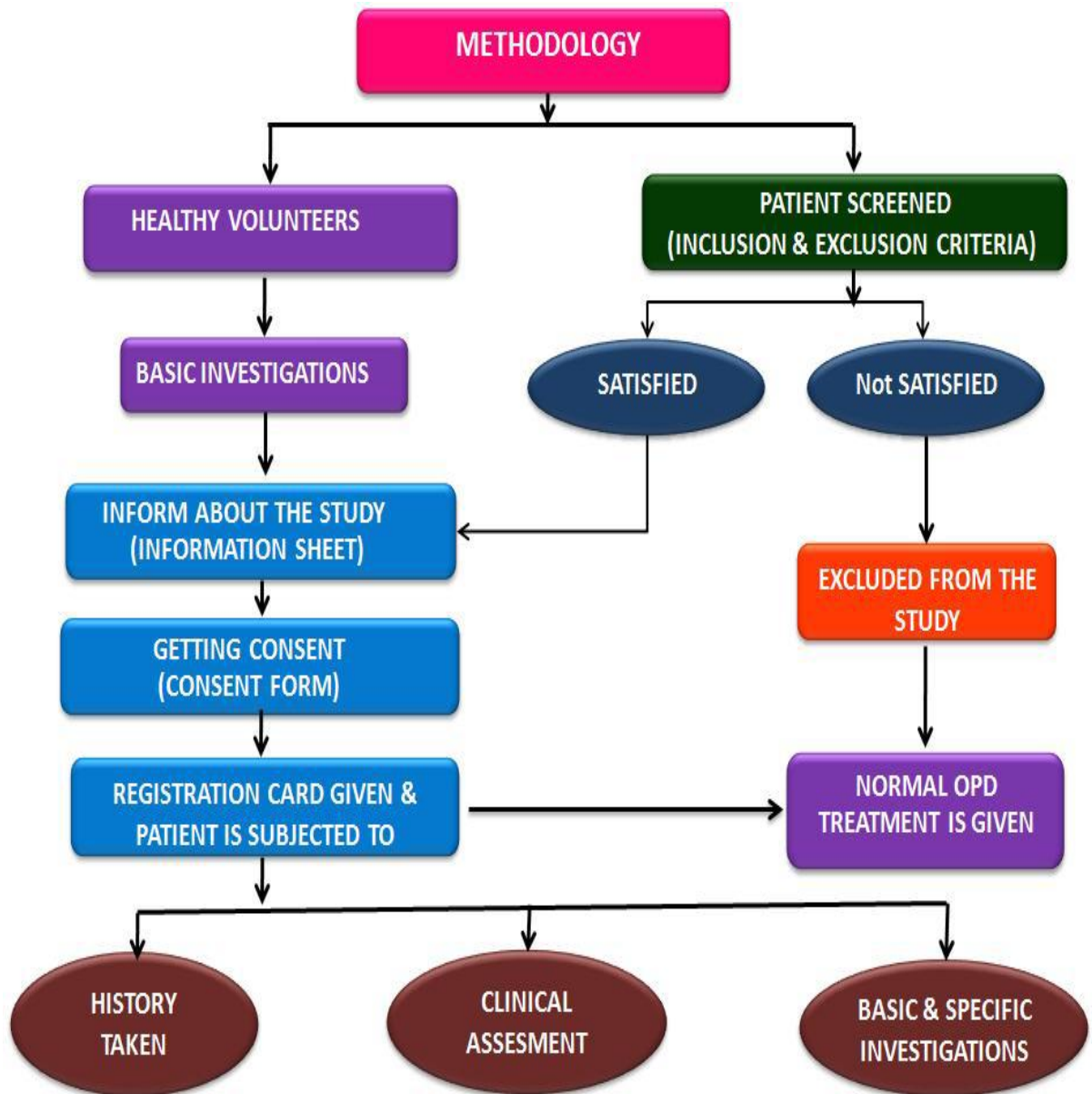
1. Head injury
2. Any systemic illness
3. Vulnerable group
4. Vadha thalai nookaadu

### 6. WITHDRAWAL CRITERIA

- Those who are not willing to give blood sample.
- Those who are in poor follow up



## 7.METHODOLOGY



## **8. INVESTIGATIONS**

### **A.SIDDHA PARAMETERS**

#### **1. Eight fold examination**

##### **a.Naadi**

- Naadi nithanam
- Naadi nadai

##### **b.Meikuri (Physical Signs)**

- Veppam
- Viyarvai
- Thodu Vali

##### **c. Naa (Tongue)**

- Maa padithal
- Niram,
- Suvai
- Vaineer Ooral
- Vedippu

##### **d.Niram (Complexion)**

- Karuppu
- Manjal
- Veluppu

##### **e.Mozhi (Voice)**

- Sama oli
- Urattha oli
- Thazhntha oli

##### **f.Vizhi (Eyes)**

- Niram
- Kanneer Vadithal
- Erichal
- Peelai Seruthal

##### **g.Malam (Stools)**

- Niram
- Sikkal
- Sirutthal

- Kalichal
- Seetham

#### **h.Moothiram (Urine)**

##### **1.a. Neerkuri**

- Niram
- Manam
- Edai
- Alavu
- Nurai
- Enjal

##### **1.b.Neikuri**

#### **2. Manikkadai nool**

#### **3. Yakkai elakkanam**

### **B.MODERN PARAMETERS**

#### **BLOOD**

- Hb
- TC
- DC
- ESR
- Blood Sugar (F&PP)
- S. Cholesterol

#### **URINE**

- Albumin
- Sugar
- Deposits

### **C.SPECIAL INVESTIGATIONS**

- X-ray & CT-Brain( if needed)

### **9. DATA COLLECTION**

Case Record Form

Annexure I : Screening and selection proforma

Annexure IA : History proforma

Annexure II : Clinical Assessment Form

Annexure III : Laboratory Investigations

Aannexure IV : Informed Written Consent Form

Annexure IVA: Patient Information Sheet

## **12. DATA MANAGEMENT**

After enrolling the patient in the study, a separate file for each patient was opened and all forms were filled in the file. Study No. and Patient No. was entered on the top of file for easy identification and arranged in a separate rack at the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patient file was taken and necessary recordings were made at the case record form or other suitable form. The Data recordings were monitored for completion and compliance of patients by HOD and Sr. Research Officer (Statistics). All forms was further scrutinized in presence of Investigators by Sr. Research Officer (Statistics) for logical errors and incompleteness of data before entering onto computer to avoid any bias. No modification in the results is permitted for unbiased report. All collected data was entered using MS access software onto computer. Investigators was trained to enter the patient data and cross checked by SRO.

## **13. STATISTICAL ANALYSIS**

All collected data was entered into computer and the neikuri shape was recorded as per literature. The shape association with Normal healthy individuals / in patients with Oru thalai vatha bedham was descriptively analyzed and presented. The chi-square, Mantel-Hanzel chi-square, Proportion test was used to determine the significance of a variable. Multivariate analysis – Factor analysis was also be performed to determine the factors associated with neikuri shapes. Probability less than 0.05 will be taken as significance.

## **14. ETHICAL ISSUE**

- Patients was examined and screened unbiased manner and subjected to the criteria.
- Informed consent was obtained from the patient in writing, explaining in the understandable language to the patient.
- The data collected from the patient was kept confidentially. The patient was explained about the diagnosis.

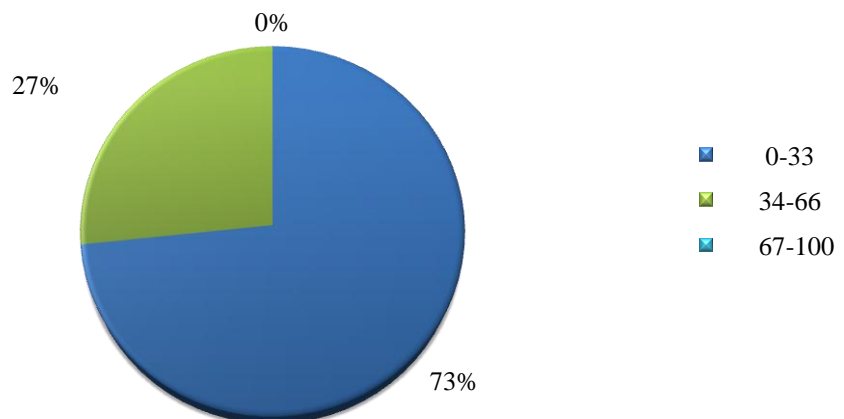
- To prevent any infection, while collecting blood sample from the patient, only disposable syringes, disposable gloves, with proper sterilization of lab equipments are be used.
- This study involves only the necessary investigations (mentioned in the protocol) and no other investigation would be done.
- Normal treatment procedure followed in NIS was prescribed to the study patients and the treatment was provided at free of cost.
- There was no infringement on the rights of patient.

## 11. OBSERVATION AND RESULTS

### 11.1. Age distribution

Age distribution	No of cases	Percentage
0-33	22	73.33
34-66	8	26.66
67-100	0	0
Total	30	100

**Table-1-Age distribution**



**Fig-1-Age distribution**

#### Observation

Among 30 cases, 22(73%) cases were belong to the age group of 0-33 years, 8(27%) were between the age group of 34-66 years.

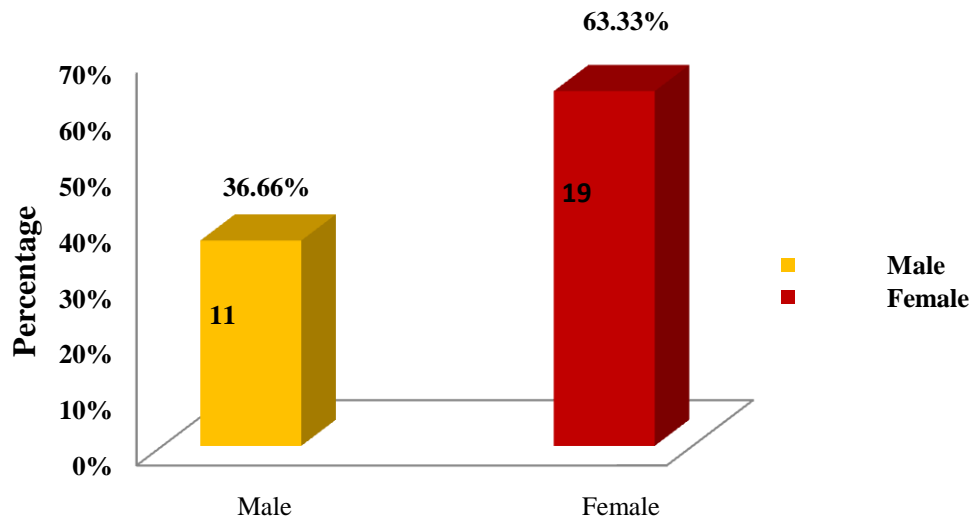
#### Inference

In this study majority of cases 73% were between the age group of 0-33 years. Young age group patients reported more in NIS for the study condition. And no reporting was recorded in elderly age group.

## 11.2. SEX DETERMINATION

Sex determination	No of cases	Percentage
Male	11	36.66
Female	19	63.33
Total	30	100

**Table-2-Sex determination**



**Fig-2-Sex determination**

### Observation

Among 30cases, 19(63%) cases were males, 11(37%) cases were females.

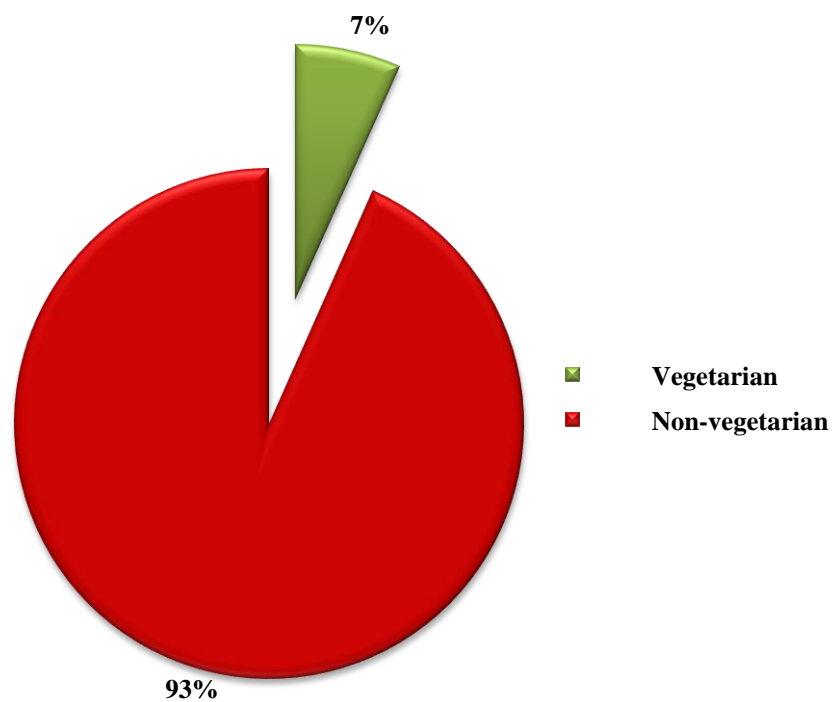
### Inference

In this study 63% cases were females. Incidence of Oruthalai vatha bedham is more incident in females than males in NIS patient population.

### 11.3. FOOD HABITS

Food habits	No of cases	Percentage
Vegetarian	2	6.66
Non-vegetarian	28	93.33
Total	30	100

**Table-3-Food habits**



**Fig-3-Food habits**

#### **Observation**

Among 30cases, 28(93%) cases were non- vegetarian, 2(7%) were vegetarian.

#### **Inference**

Most of the cases were non-vegetarian. Non-vegetarian diet which is considered as thamo gunam food seems to alter the body, mind and soul.



#### 11.4. SOCIO-ECONOMIC STATUS

Socio- Economic status	No of cases	Percentage
Low income group	3	10
Middle income group	25	83.33
High income group	2	6.66
Total	30	100

Table-4-Socio- Economic status

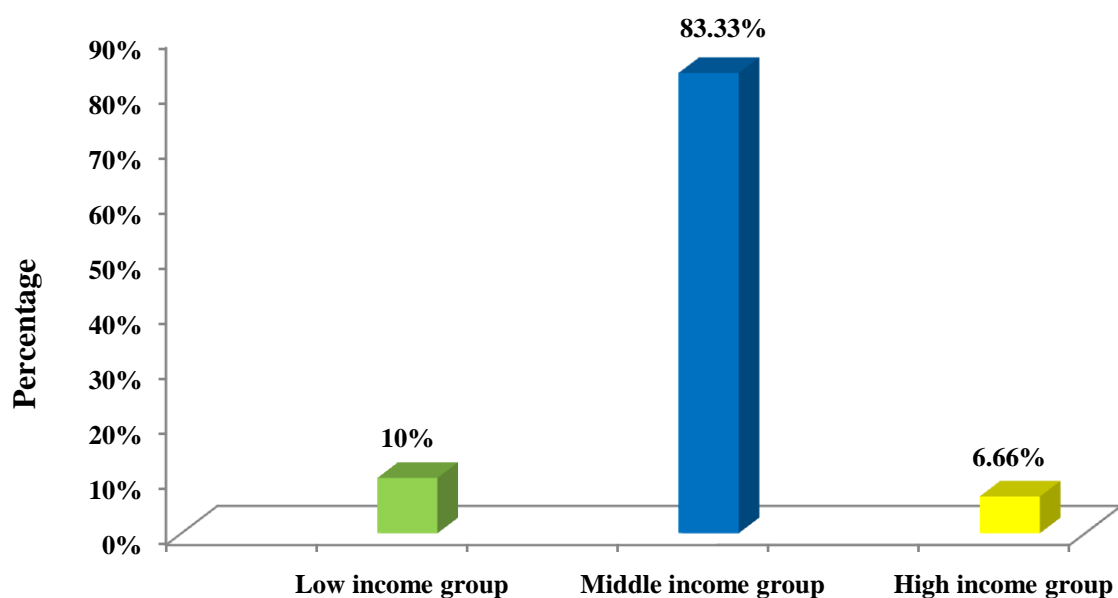


Fig-4-Socio economic status

#### Observation

Among 30 cases of 3(10%) were low income group, 25(83%) were middle income group and 2(6.66%) were high income group.

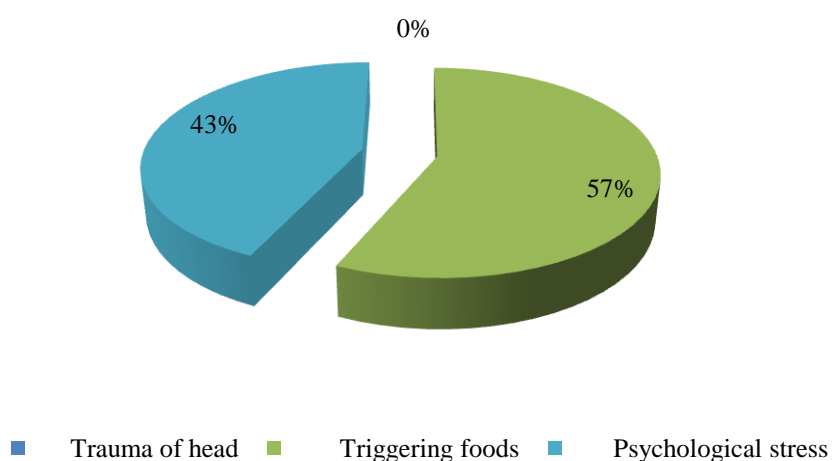
#### Inference

In this study 83% cases were middle income group. The middle income group people due to their life style and habits are prone to have Oruthalai vatha bedham.

### 11.5. ETIOLOGY OF ORU THALAI VATHA BEDHAM

Etiology	No of cases	Percentage
Trauma of head	0	0
Triggering foods	17	56.66
Psychological stress	13	43.33
Total	30	100

**Table-5-Etiology of Oru thalai vatha betham**



**Fig-5- Etiology of Oruthali vatha bedham**

#### Observation

Among 30 cases 17(57%) cases were had triggering food factor,13(43%) cases were had psychological stress.

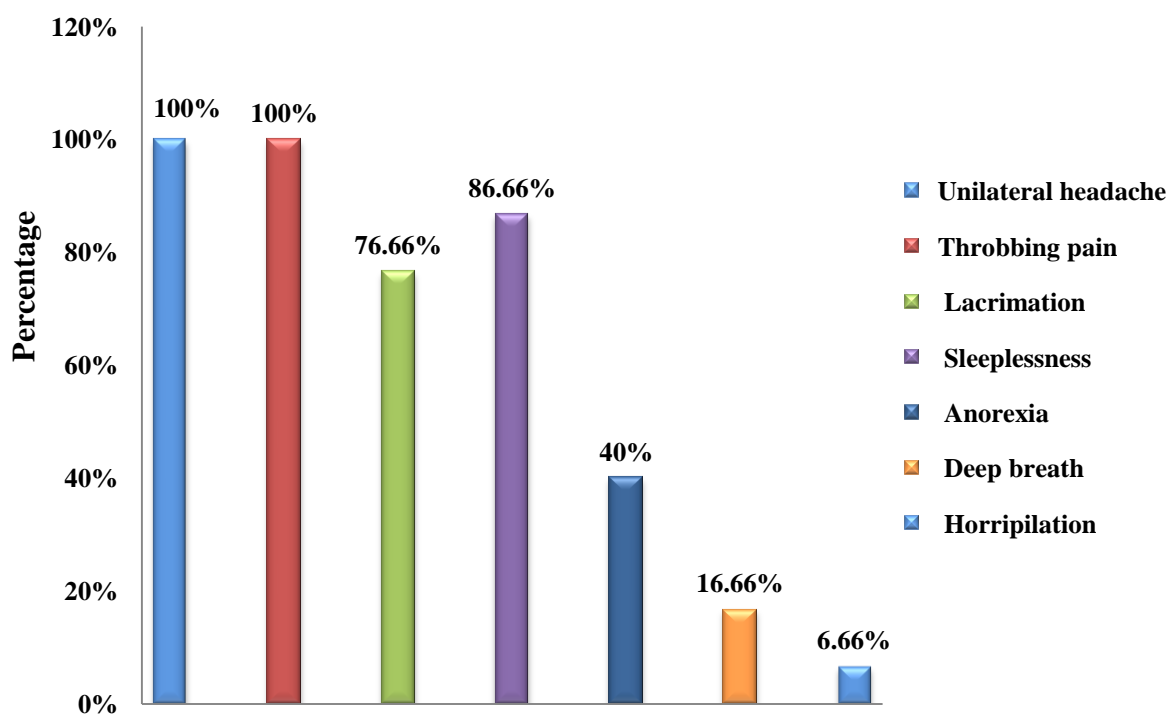
#### Inference

In this study 56%, majority of cases reported in NIS OPD was having psychological stress may be due to their lifestyle.

## 11.6. CLINICAL FEATURES

Symptoms	No of cases	Percentage
Unilateral headache	30	100
Throbbing pain	30	100
Lacrimation	23	76.66
Sleeplessness	26	86.66
Anorexia	12	40
Deep breath	5	16.66
Horripilation	2	6.66

**Table-6- Clinical features**



**Fig-6 -Clinical features**

### Observation

Among 30 cases, 30(100%) had Unilateral headache and throbbing pain over head, 26(87%) cases had Sleeplessness, 23(77%) cases had lacrimation, 12(40%) cases had Anorexia, 5(17%) cases had Deep breath, 2(7%) cases had Horripilation.

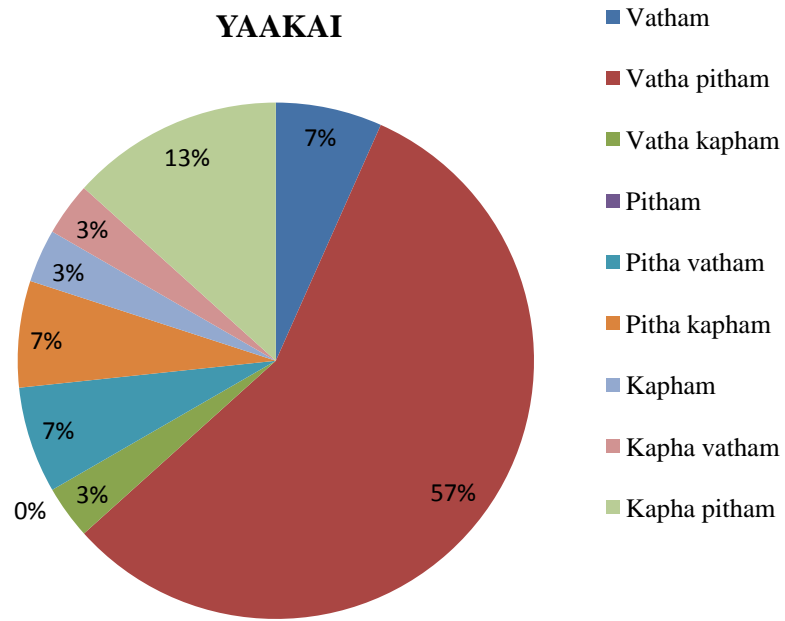
## Inference

In this study 100% cases had Unilateral headache with intensity like Throbbing pain. Among all the symptoms, the Deep breath place the last role.

### 11.7. YAKKAI ILAKANAM

Yakkai	Oru thalai vadha bedham	
	No of cases	Percentage
Vatham	2	6.66
Vatha pitham	17	56.66
Vatha kapham	1	3.33
Pitham	0	0
Pitha vatham	2	6.66
Pitha kapham	2	6.66
Kabam	1	3.33
Kaba vatham	1	3.33
Kaba pitham	4	13.33
Total	30	100

**Table-7- Yakkai**



**Fig- 7-Yakkai illakkanam**

#### **Observation**

Among the 30 cases, 17(57%) cases were Vatha pitham, 4(13%) were Kapha pitham, 2(7%) were Vatham, Pitha vatham, Pitha kapham, 1(3%) were Vatha kapham, Kapham, Kapha vatham.

#### **Inference**

Most of the cases were Vatha pitha physique. The vatha pitham temperament patients are prone to Oruthalai vatha betham.

## 11.8. NOI UTRA KAALAM

NOI UTRA KAALAM		
Noi utra kaalam	No of cases	Percentage
Kaarkaalam	0	0
Koothir kaalam	1	3.33
Munpani kaalam	5	16.66
Pinpani kaalam	24	80
Elaveenil kaalam	0	0
Mudhuveenil kaalam	0	0

Table-8- Noi utra kaalam

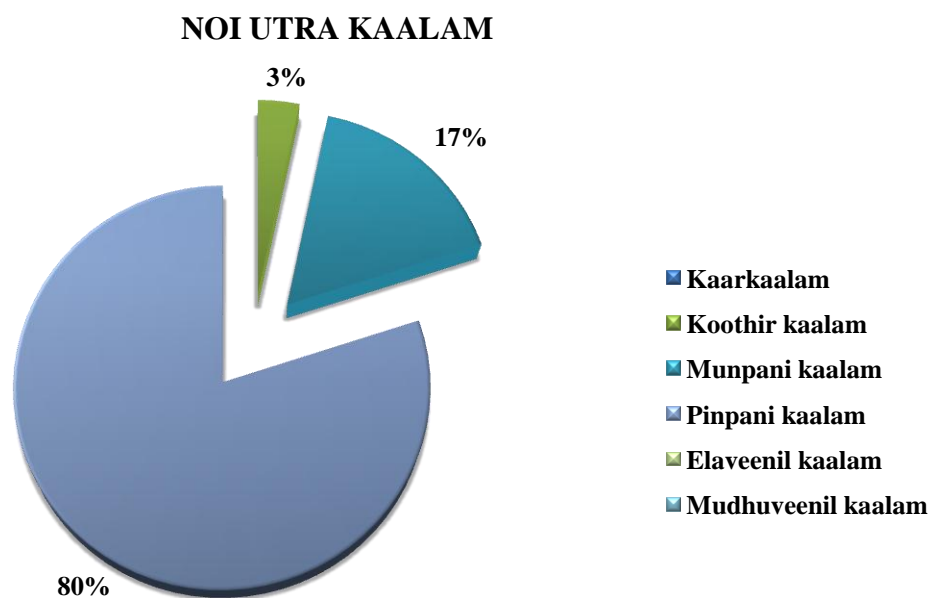


Fig-8- Noi utra kaalam

### Observation

Among 30 cases, 24(80%) affected at pinpanikaalam, 5(17%) were affected at Munpani kaalam, 1(3%) were affected at Koothir kaalam.

## Inference

In this study 80% cases had affected at pinpani kaalam and 17 %cases had affected at Munpani kaalam. The occurrence of disease is mostly during pinpani kaalam .

### 11.9. NOI UTRA NILAM

Noi utra nilam	No of cases	Percentage
Kurunchi	5	16.66
Mullai	1	3.33
Marutham	20	66.66
Neithal	4	13.33
Paalai	0	0
Total	30	100

Table-9-Noi utra nilam

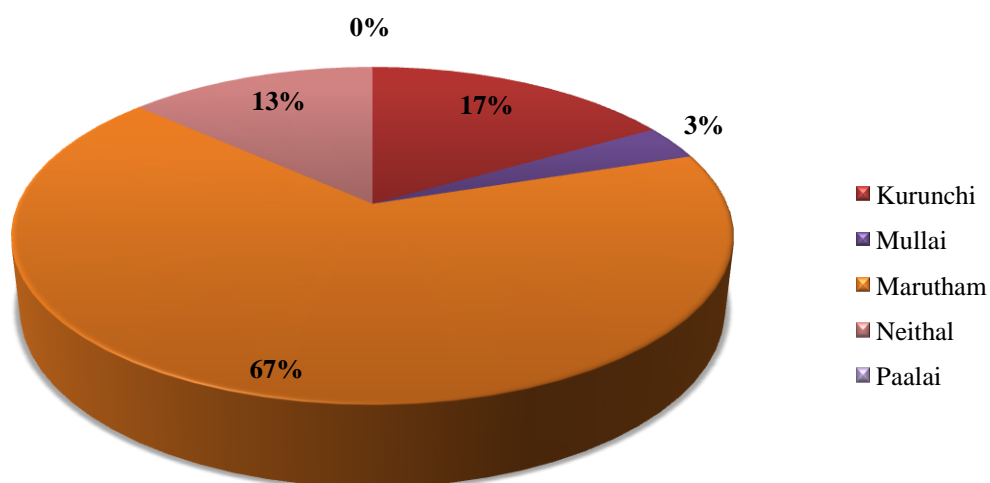


Fig-9- Noi utra nilam

## Observation

Among 30 cases, 20(67%) of cases affected at Marutha nilam, 5(17%) had affected in kurinji nilam, 4(13%) cases affected in Neithal nilam., 1(3%) had affected in Mullai nilam.

## Inference

In this study 67% cases are affected in Marutha nilam.

### 11.10. GNANENTHIRIYANGAL

Gnanenthiriyangal	No of cases	Percentage
Mei	0	0
Vaai	0	0
Kan	23	76.66
Mooku	0	0
Sevi	0	0
Normal	7	23.33
Total	30	100

Table-10-.Gnanenthiriyangal

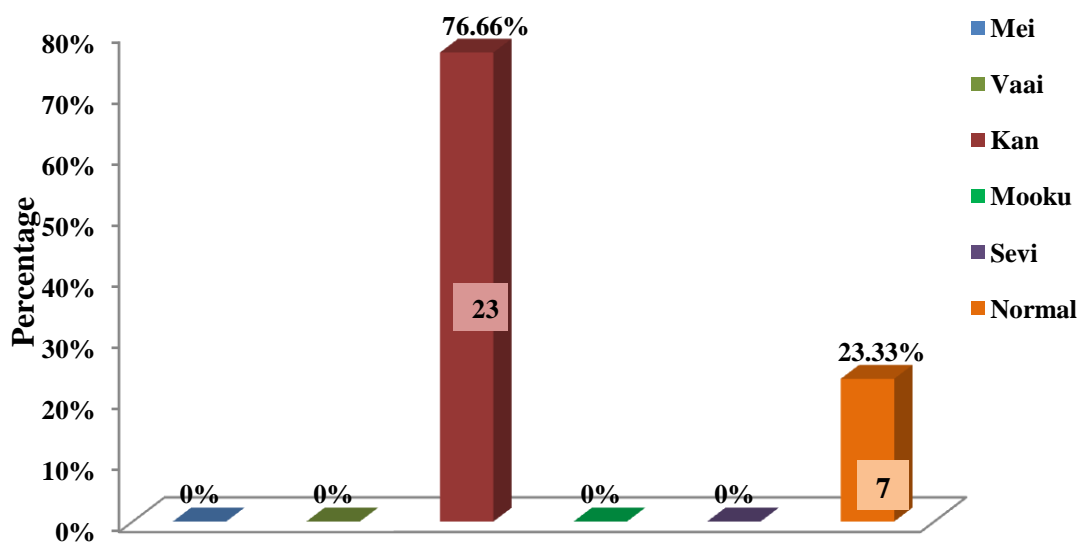


Fig-10 -Gnanenthiriyam



### Observation

Among 30 cases, 25(77%) )cases of kan affected resulting in lacrimation and 5(23.33%) cases were normal Gnanenthiriyam.

### Inference

In this study 77% cases affected in kan resulting in lacrimation which is one of the typical symptom of Oru thalai vatha bedham.

### 11.11-KANMENTHIRIYANGAL

Kanmenthiriyaangal	No of cases	Percentage
Kai	0	0
Kaal	1	3.33
Vaai	0	0
Karuvaai	1	3.33
Eruvaai	8	26.66
Iyalbu	20	66.66

Table-11-Kanmenthiriyaangal

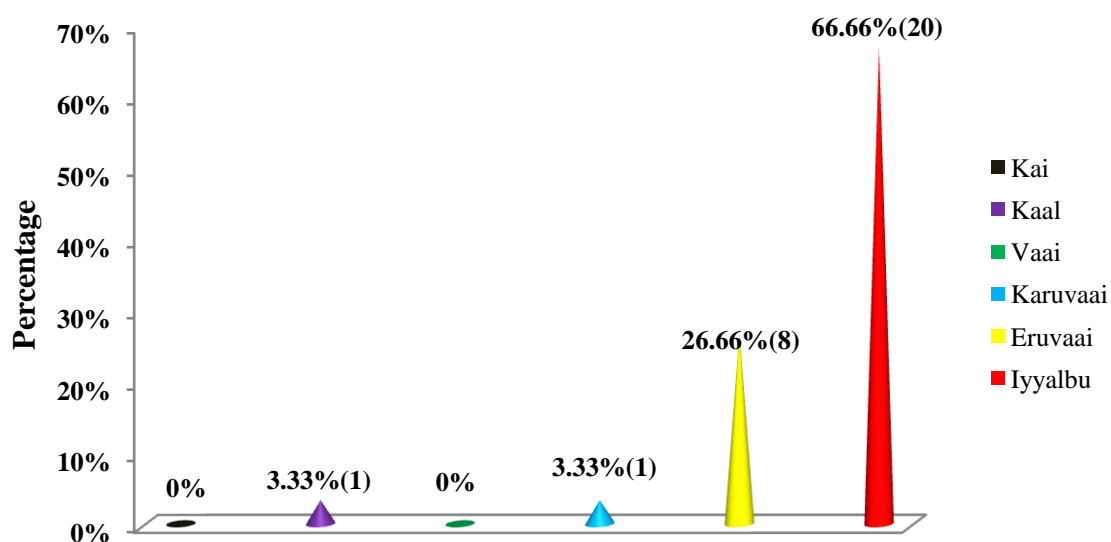


Fig-11-Kanmenthiriyaangal

## Observation

In kanmenthriyangal, 8(27%) cases of Eruvaai affected due to constipation, and 1(3%) case of Kaal affected, 1(3%) case of karuvai was affected.

## Inference

In this study 27% of cases were affected in Eruvai. It is not significant according to the clinical symptoms of Oru thalai vatha bedham. But among the 14 reflexes/ urges of the body malam get impaired and produces the headache.

### 11.12- KOSANGAL

Kosangal	No of cases	Percentage
Annamayakosam	12	40
Pranamayakosam	0	0
Manomayakosam	30	100
Vignanamayakosam	0	0
Aanandhamayakosam	0	0

Table-12- Kosangal

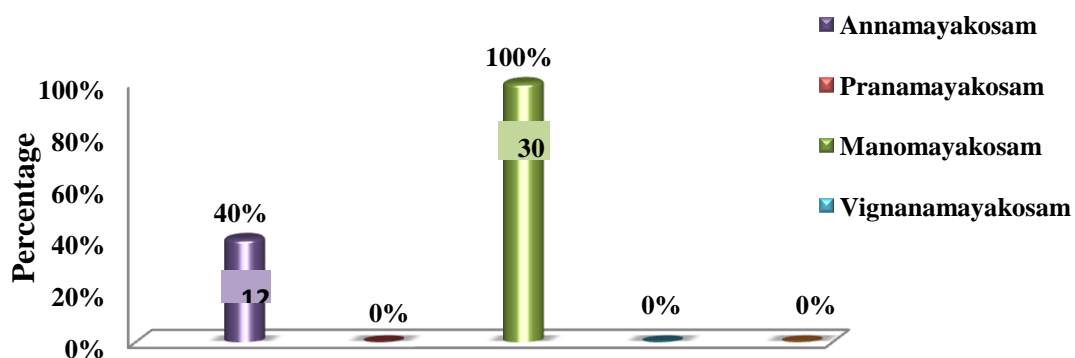


Fig-12- Kosangal

### Observation

Among 30 cases, 30(100%) cases affected Manomayakosam, 12(40%) case affected Annamayakoosam .

### Inference

Most of the cases 100% affected by Manomaya koosam resulting in stress, 40% affected Annamayakoosam resulting in anorexia.

### 11.13. Udal thathukkal

Udal thathukkal	No of cases	Percentage
Saaram	12	40
Senneer	10	33.33
Oon	11	36.66
Kozhuppu	6	20
Enbu	7	23.33
Moolai	2	6.66
Sukkilam/Suronitham	0	0

Table-13- Udal Thathukkal

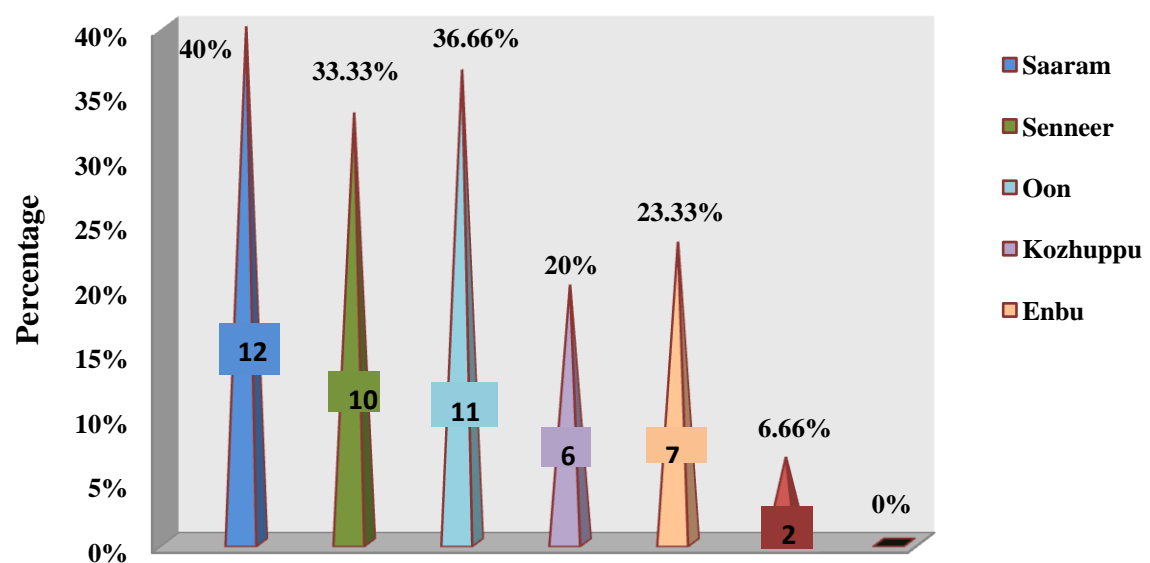


Fig-13- Udal thathukkal

### Observation

Among the seven somatic components of 30 cases, 12(40%) cases had affected saaram, 11(37%) had affected On, 10(33%) cases had affected Senneer, 7(23%) cases had affected Enbu, 6(20%) had affected Kozhuppu, 2(7%) had affected Moolai.

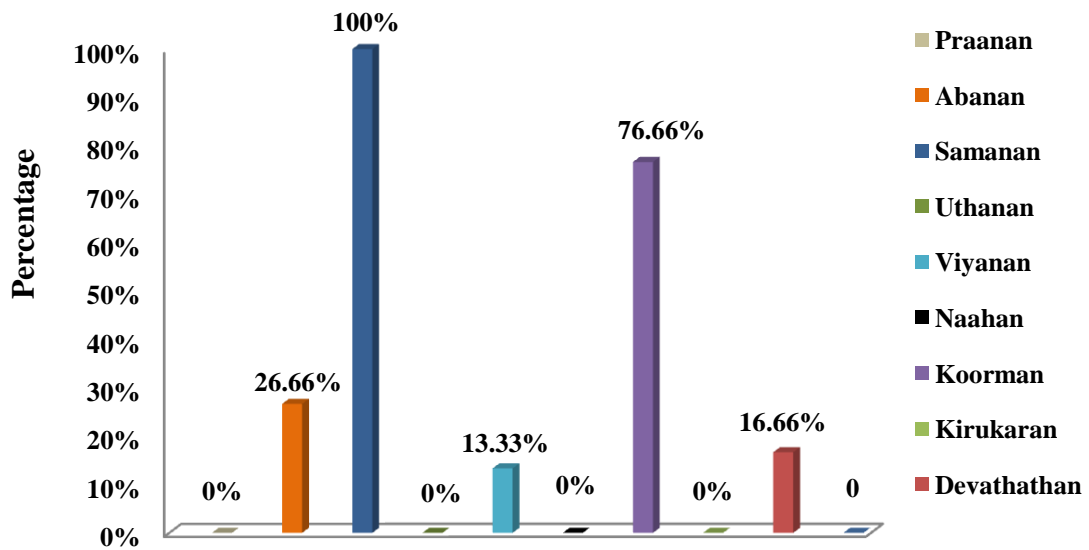
### Inference

In this study majority of 40% of cases had affected Saaram. According to this hospital based study Saaram is the primary affected Udal thathukkal in Oru thalai vatha bedham.

#### 11.14- UYIR THATHUKKAL-VALI

Uyir Thathukkal-Vali		
Uyir Thathukkal-Vali	No of cases	Percentage
Pranan (Uyirkkal)	0	0
Abanan (Keezh nokku kaal)	8	26.66
Samanan (Naduk kaal)	30	100
Uthanan (Melnokku kaal)	0	0
Viyanan (Paravu kaal)	4	13.33
Naahan	0	0
Koorman	23	76.66
Kirukaran	0	0
Devathathan	5	16.66
Dhananjeyan	0	0

**Table-14- Uyir Thathukkal-Vali**



**Fig-14- Uyir Thathukkal- Vatham**

#### **Observation**

Among 30cases of Uyir Thathukkal, 8(26.66%) cases were affected abanan, 30(100%) cases were affected samanana, 4(13.33%) cases were affected viyanan, 23(76.66%) were affected koorman, and 5(16.66%) were affected devathathan.

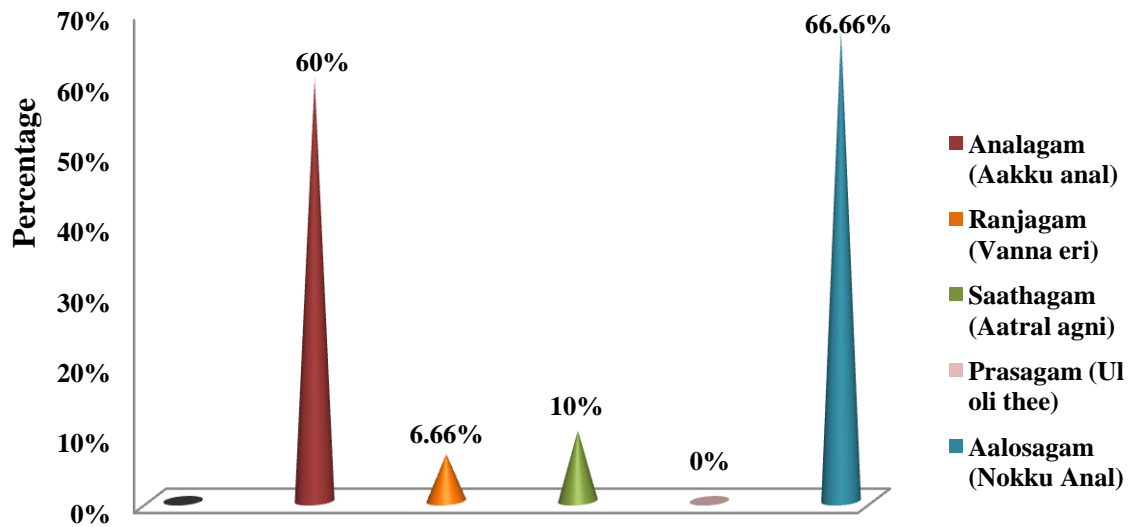
#### **Inference**

In this study 100% cases were affected by Samanan.

#### **11.15-UYIR THATHUKKAL- AZHAL**

Azhal	No of cases	Percentage
Analagam (Aakku anal)	18	60
Ranjagam (Vanna eri)	2	6.66
Saathagam (Aatral agni)	3	10
Prasagam (Ul oli thee)	0	0
Aalosagam (Nokku Anal)	20	66.66

**Table-15-Uyir thathukkal- Azhal**



**Fig-15-Uyir thathukkal- Azhal**

### Observation

Among 30cases of uyir thathukkal, 18(60%) cases were affected analagam, 2(6.66%) cases were had affected Ranjagam, 3(10%) cases were affected Saathagam, 20(66.66%) cases were affected Aalosagam.

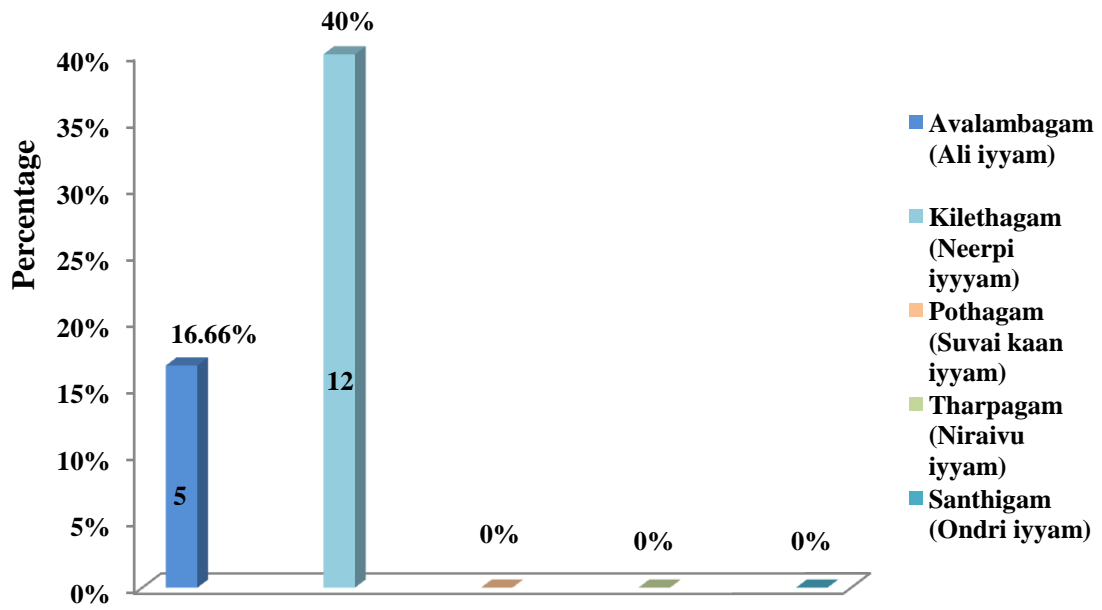
### Inference

In this study 60% of cases were affected by analagam which is responsible for hunger which affect and produce anorexia, and 67% were affected by Aalosagam which is responsible for aqueous humor which affects and produce lacrimation.

### 11.16- UYIR THATHUKKAL – IYYAM

Uyir thathukkal		
Iyyam	No of cases	Percentage
Avalambagam (Ali iyyam)	5	16.66
Kilethagam (Neerpi iyyam)	12	40
Pothagam (Suvai kaan iyyam)	0	0
Tharpagam (Niraivu iyyam)	0	0
Santhigam (Ondri iyyam)	0	0

**Table-16-Uyir thathukkal- Azhal**



**Fig-16- Uyir thathukkal – Iyyam**

### Observation

In Iyyam 30cases, 5( 16.66% )cases affected in Avalambagam, 12(40%) cases affected in Kilethagam.

### Inference

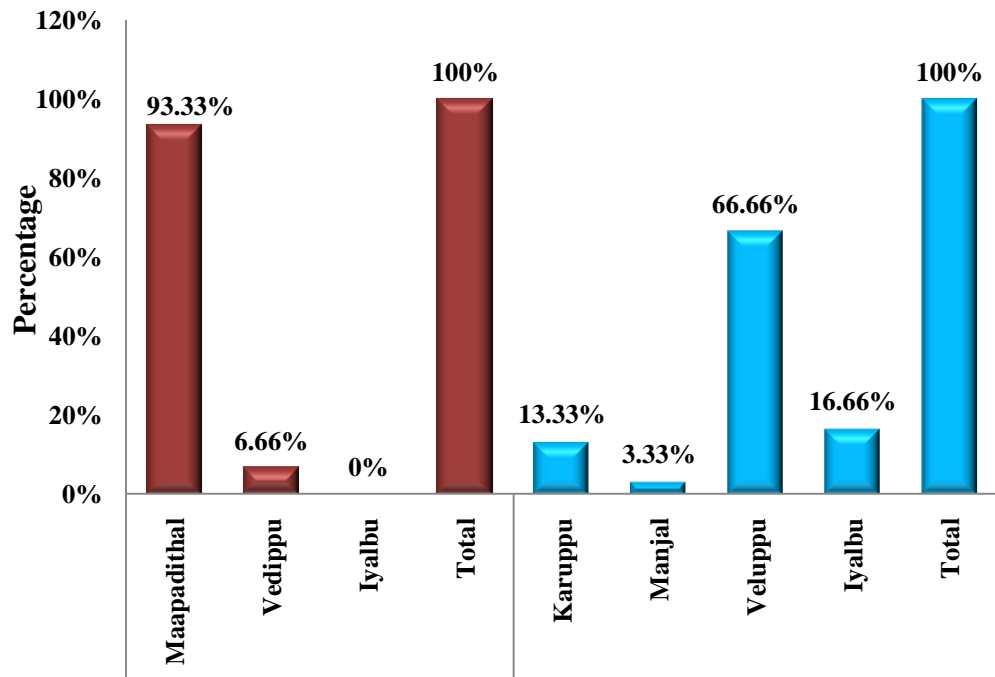
In Iyyam, majority of the cases affected avalambagam. It is significant because it affects and leads to one the clinical symptoms of Oru thalai vatha bedham( Deep breath).

### 11.17- ENVAGAITHERVUGAL -NAA

Naa		Oruthalai vatha bedham	
		No of cases	Percentage
Thanmai	Maapadithal	28	93.33
	Vedippu	2	6.66
	Iyalbu	0	0
	Total	30	100
Niram	Karuppu	4	13.33
	Manjal	1	3.33
	Veluppu	20	66.66
	Iyalbu	5	16.66
	Total	30	100
Suvai	Kaippu	8	26.66
	Pulippu	1	3.33
	Inippu	1	3.33
	Iyalbu	20	66.66
	Total	30	100
Vaineerooral	Kuraivu	-	-
	Iyalbu	30	100
	Total	30	100

**Table-11.17- Envagaithervugal –Naa**





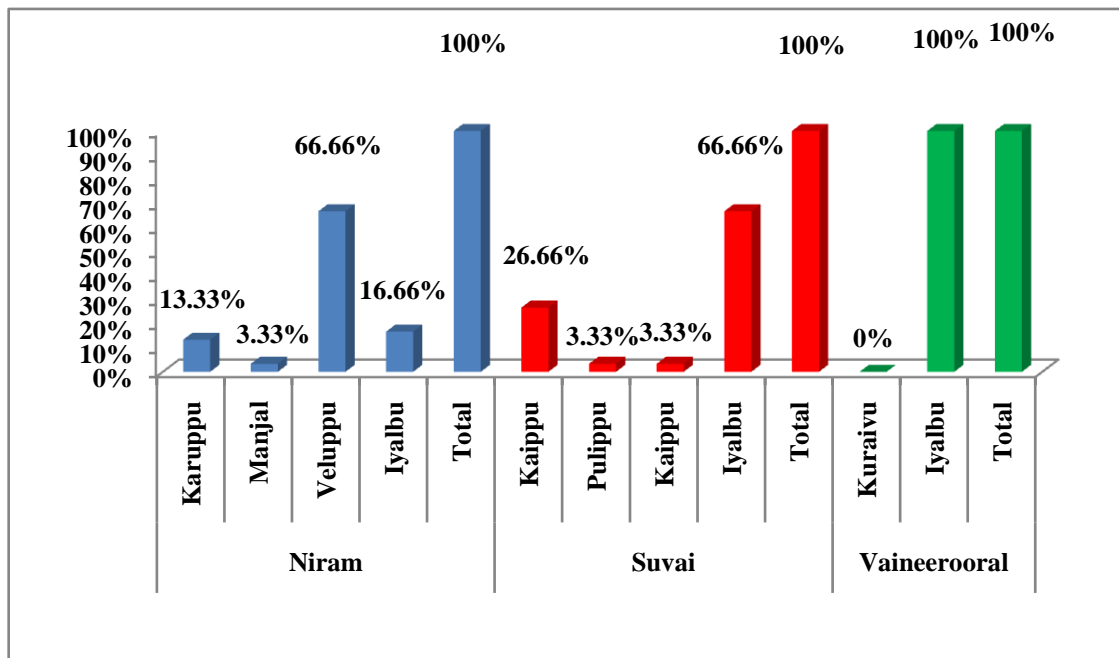
**Fig-17- Naa thanmai &Niram**

### **Observation**

Among 30 cases, 28(93.33%) were presented with coated tongue, 2(6.66%) were presented with vedippu, 4(13.33%) had black colour tongue, 1(3.33%) had yellow coloured tongue, 20(66.66%) had veluppu niram, 8(26.66%) had bitter taste, 1(3.33%) had sour taste, 1(3.33%) had sweet taste, 20(66.66%) had normal taste.

### **Inference**

In this study majority of cases presented with coated tongue. It is one of the sign for good digestion.



**Fig-18- Suvai & Vaineerooral**

### **Observation**

In 30 cases 8 (26.6%) were bitter taste, 1(3.33%) were sour taste, 1(3.33%) were Sweet taste, and 20(66.66%) were normal without any abnormal taste. 30(100%) cases were had normal salivation.

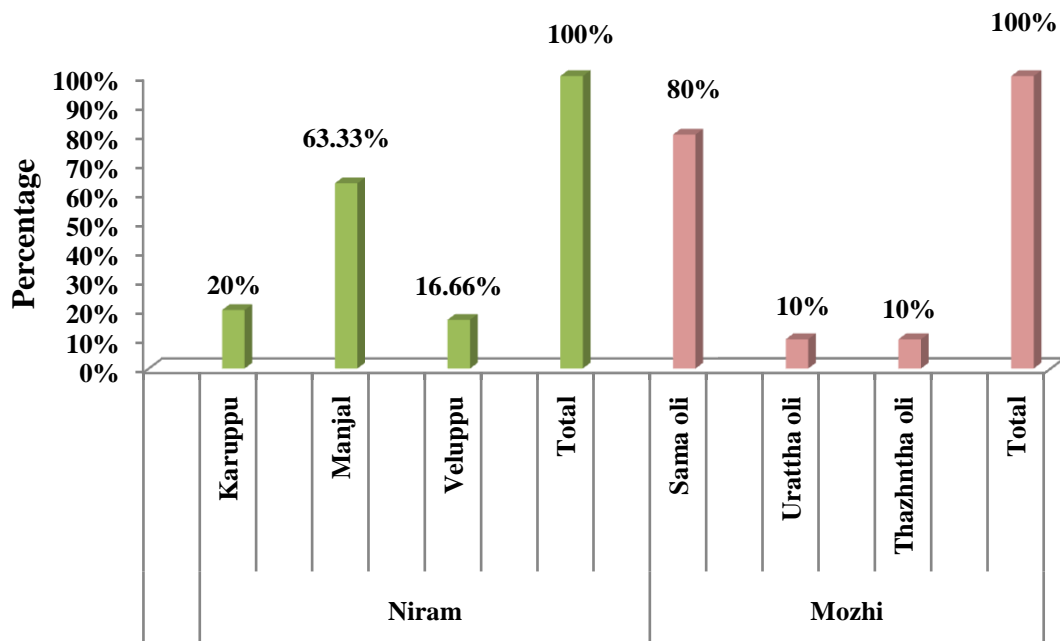
### **Inference**

In this study 70% cases had normal taste in tongue and 100% cases had normal salivation. According to Siddha literature tongue is one of the diagnostic tool in this hospital based study no significant changes was occurred.

### 11.18. NIRAM, MOZHI AND VIZHI

Niram, Mozhi and Vizhi		Oru thalai vatha bedham	
		No of cases	Percentage
Niram	Karuppu	6	20
	Manjal	19	63.33
	Veluppu	5	16.66
	<b>Total</b>	30	100
Mozhi	Sama oli	24	80
	Urattha oli	3	10
	Thazhntha oli	3	10
	<b>Total</b>	30	100
Vizhiyin Niram	Karuppu	0	0
	Manjal	0	0
	Sivappu	0	0
	Veluppu	1	3.33
	Iyalbu	29	96.66
	<b>Total</b>	30	100
Vizhiyin Iyalbu	Kanneer	25	83.33
	Kan Erichchal	2	6.66
	Peelai seruthal	0	0
	Iyalbu	3	10
	<b>Total</b>	30	100

**TABLE-11.18- Niram, Mozhi And Vizhi**



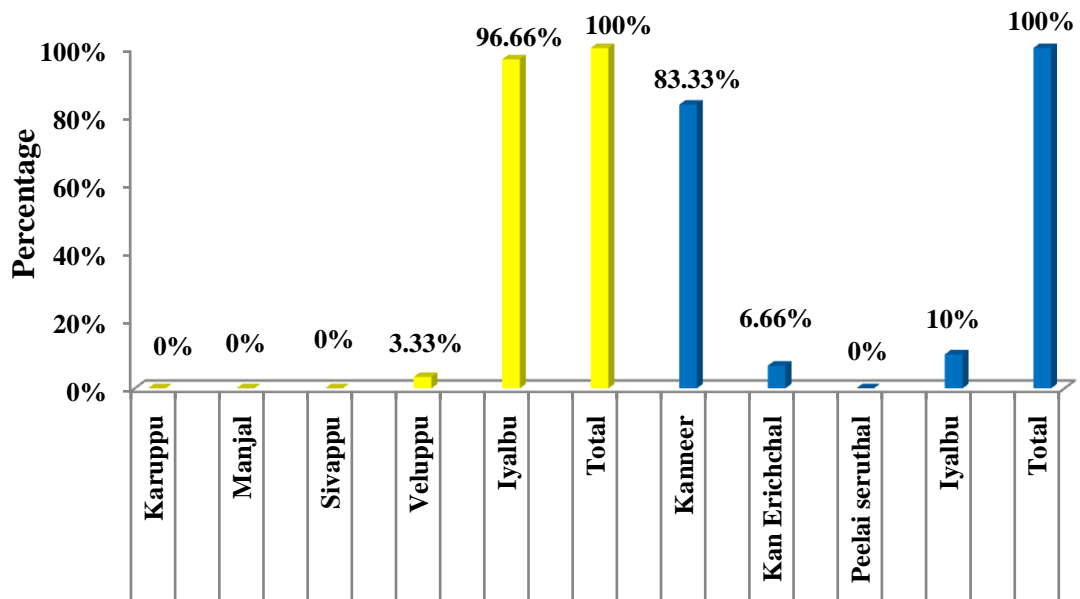
**Fig-19 -Niram & Mozhi**

### **Observation**

In 30 cases 6(20%) cases were black colour appearance, 19(63.33%) cases were yellow colour appearance, 5(16.66%) cases were veluppu in appearance. And 24(80%) cases were sama oli , 3(10%) cases were had Uratha oli, 3(10%) cases were had Thazhntha oli.

### **Inference**

A majority of 63% affected cases were yellow complexion and 80% affected cases were had sama oli.



**Fig-20- Vizhi**

### **Observation**

Among 30 cases , 1(3.33%) were veluppu as vizhiyin niram, 29(96.66%) cases were normal individuals. And 25(83.3%) cases had increased kanneer, 2(6.66%) cases had kan erichchal, 3(10%) cases had normal eyes.

### **Inference**

Majority of patients had normal eyes. Instead of having normal lacrimation patients were reported with the symptom of increased lacrimation. It is one of the major symptom of this disease.

### 11.19-NAADI

NAADI		No of cases	Percentage
Naadi nithanam (Pulse Appraisal)	Vanmai	14	46.66
	Menmai	16	53.33
	<b>Total</b>	<b>30</b>	<b>100</b>
Naadi Panbu (Pulse character)	Ilaithal	14	46.66
	Kuthithal	10	33.33
	Thullal	6	20
	<b>Total</b>	<b>30</b>	<b>100</b>
	Vatha pitham	12	40
Naadi Nadai (Pulse play)	Vatha kabam	1	3.33
	Pitha vatham	11	36.66
	Kaba vatham	2	6.66
	Kaba pitham	4	13.33
	<b>Total</b>	<b>30</b>	<b>100</b>

Table-19-Naadi

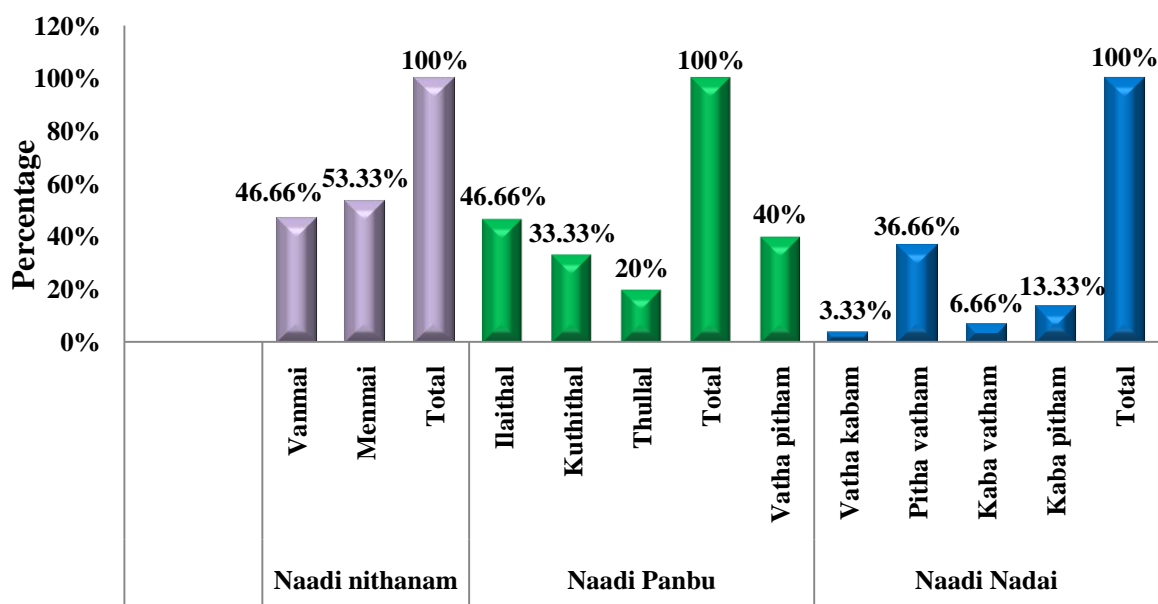


Fig-21 -Naadi

### Observation

Among 30 cases, 14(47%) cases were vanmai and 16(53.33%) menmai in Naadi nithanam, 14(46.66%) cases were illaithal, 10(33.33%) cases were Kuthithal, 6(20%) cases were thullal in naadi panbu, 12(40%) cases were Vatha pitham, 1(3.33%) cases were Vadha kabam, 11(37%) cases were Pitha vatham, 2(7%) were Kaba vatham, 4(13.33%) cases were Kaba pitham in naadi nilai.

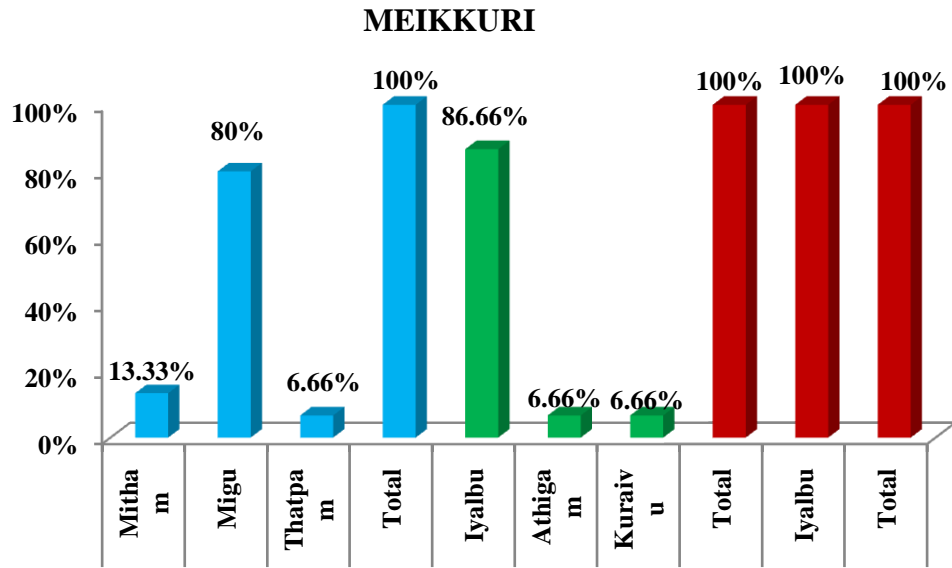
### Inference

Most of the cases had menmai in naadi nithanam, illaithal in naadi panbu, Vadha pitham in naadi nadai. Pulse is one of the major diagnostic tool in Siddha system.

### 11.20- SPARISAM

Mei kuri		No of cases	Percentage
Veppam	Mitham	4	13.33
	Migu	24	80
	Thatpam	2	6.66
	Total	30	100
Viyarvai	Iyalbu	26	86.66
	Athigam	2	6.66
	Kuraivu	2	6.66
	Total	30	100
Thanmai	Iyalbu	30	100
	Total	30	100

**Table-20- Sparisam**



**Fig- 22- Meikkuri**

### **Observation**

Among 30 Cases, 4(13.33%) cases are having mitha veppam in sparisam condition, 24(80%)cases are having migu veppam in sparisam condition, 2(6.66%) are having thatpam in sparisam condition. And sweating condition 26(87%) normal,2(6.66%) cases are increased condition,2(6.66%) cases are decreased condition. No one had Thoduvali thanmai. No one have udal varatchi.

### **Inference**

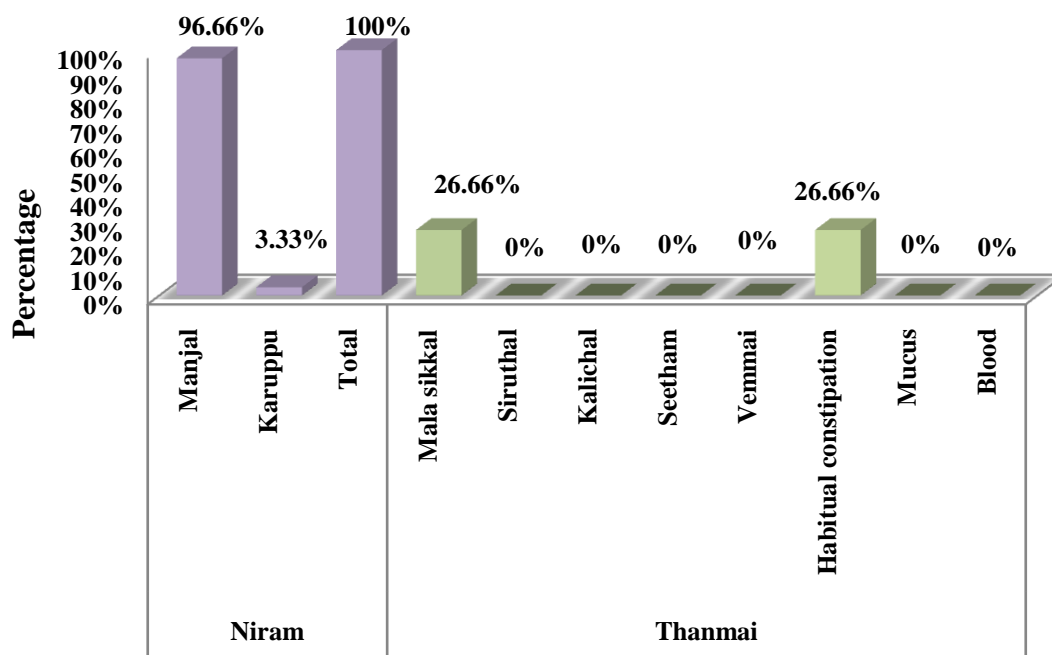
Majority of cases had Migu veppam in sparisam, normal sweating condition and no one had altered thanmai.



## 11.21-MALAM

Malam		No of cases	Percentage
Niram	Manjal	29	96.66
	Karuppu	1	3.33
	Total	30	100
Thanmai	Mala sikkal	8	26.66
	Siruthal	0	0
	Kalichal	0	0
	Seetham	0	0
	Vemmai	0	0
	Habitual constipation	8	26.66
	Mucus	0	0
	Blood	0	0

**Table-21-Malam**



**Fig-23- Malam**

## Observation

Among 30 cases, 29(96.66%) had manjal and 1(3.33%) had karuppu,8(26.66%) had mala sikkal.

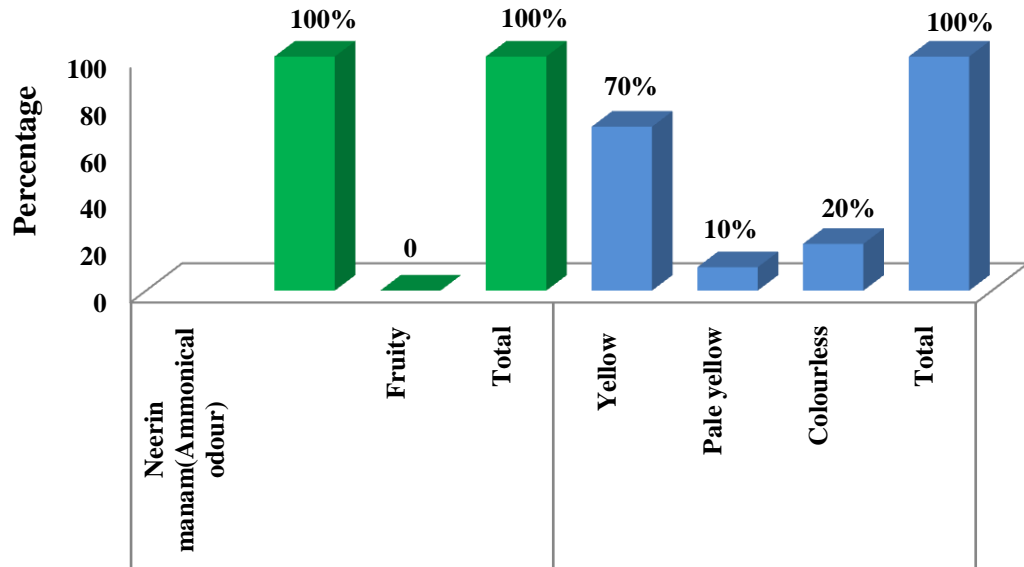
## Inference

In the study majority of patients had normal stool colour with habitual constipation.

## 11.22-MOOTHIRAM

Neerkuri		No of cases	Percentage
Neer Thanmai	Neer Manam (Ammonical)	30	100
	Fruity	0	0
	Total	30	100
Neer Niram	Yellow	21	70
	Pale yellow	3	10
	Colourless	6	20
	Total	30	100
Nurai	Absent	30	100
	Present	0	0
	Total	30	100
Edai	Iyalbu	30	100
	Total	30	100
Enjal	Iyalbu	30	100
	Adhigam	0	0
	Total	30	100
Neikkuri	Round	5	16.66
	Pearl	3	10
	Irregular	2	6.66
	Sieve	19	63.33
	Oval	1	3.33
	Total	30	100

**Table-22-Moothiram**



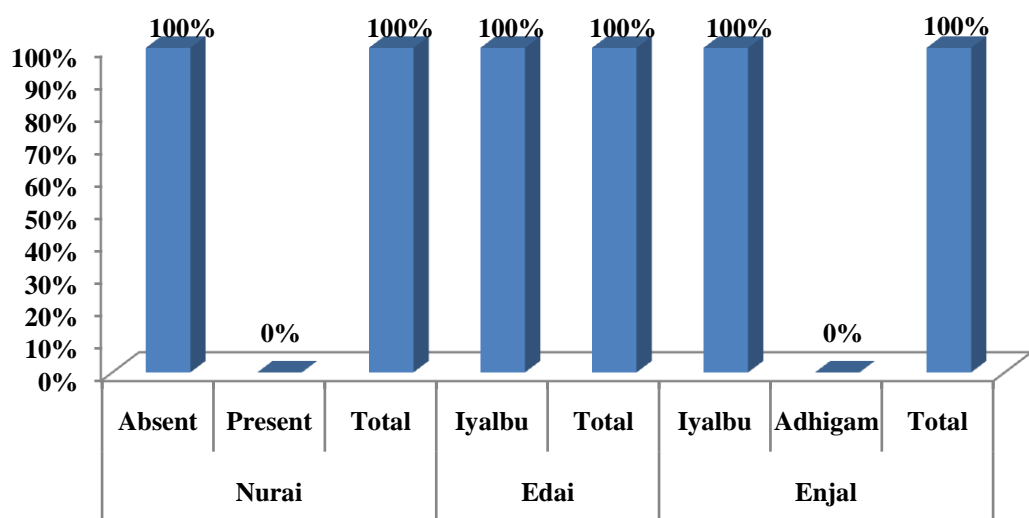
**Fig-24- Thanmai & Niram**

#### Observation

Among 30 cases, 30(100%) cases had mild aromatic in neer manam . 21(70%) of cases had yellow color in urine, 3(10%) had pale yellow colour. 6(20%) cases had colourless in nature.

#### Inference

Majority of cases had yellow colour urine. Almost all the cases and patients had mild aromatic smell.



**Fig- 25-Nurai, Edai & Enjal**

### Observation

Among 30 cases, no one of the cases had frothy urine, All of cases had normal deposits and specific gravity.

### Inference

Majority of cases had normal deposits and specific gravity. No significant outcome was reported in froth & deposits of the urine in this study.

## 11.26. NEIKKURI

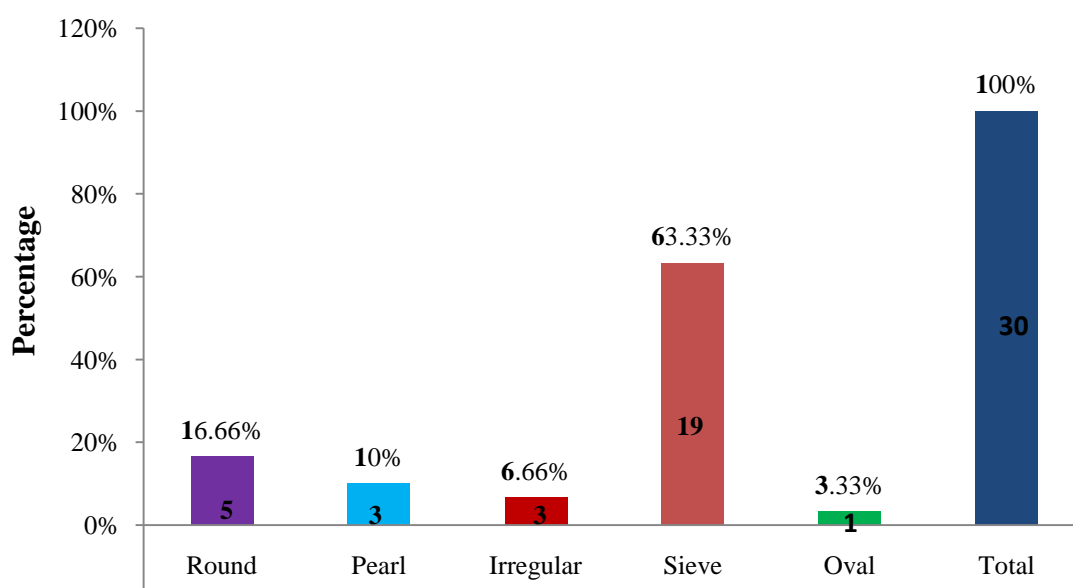


Fig-26- Neikkuri

### Observation

Among 30 cases, 3 (10%) was pearl shape, 2(6.66%) was irregular,19(63.33%) was sieve pattern, 1(3.33%) was oval shape.

### Inference

In majority of cases was sieve pattern. It is one of the major diagnostic and as well as prognostic method in Siddha system.

### 11.23-MANIKKADAI NOOL

Manikkadai nool (Virarkadai)	No of cases	Percentage
8.5	2	6.66
8.75	4	13.33
9	2	6.66
9.25	1	3.33
9.5	12	40
9.75	2	6.66
10	1	3.33
10.5	1	3.33
10.75	2	6.66
11	2	6.66
11.5	1	3.33

Table-23-MANIKKADAI NOOL

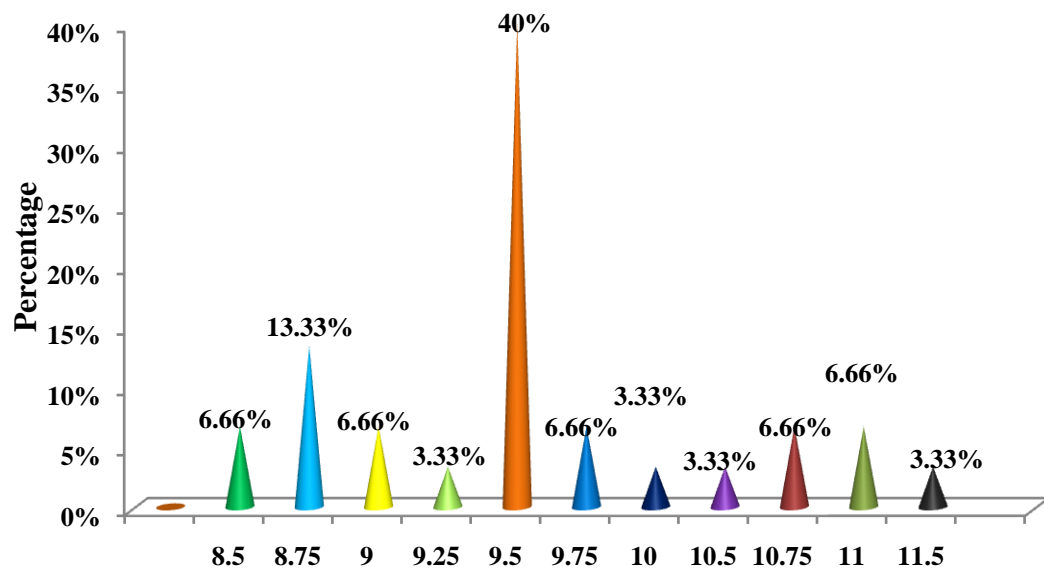


Fig-27- Manikkadai nool

**Observation**

Among 30 cases, 2(6.66%) had 8.5 fingers breath, 4(13.33%) had 8.75 fingers breath, 2(6.66%) had 9 fingers breath, 1(3.33%) had 9.25 fingers breath, 12(40%) had 9.5 fingers breath, 2(6.66%) had 9.75 fingers breath, 1(3.33%) had 10 fingers breath, 1(3.33%) had 10.5 fingers breath, 2(6.66%) had 10.75 fingers breath, 2(6.66%) had 11 fingers breath, 1(3.33%) had 11.5 fingers breath.

**Inference**

Majority of the 12 cases were 9.5viralkadai at manikadainool. As per siddha text, no indication for Oru thalai vatha bedham. Therefore the patients with the range of wrist circumetric 8.5-11.5finger breadth may be referred to have a predilection to develop Oruthalai vatha bedham. Such people may be advised to follow the precautionary steps to avoid the development of Oruthali vatha bedham as a preventive measure.

**Table-Showing Laboratory investigation of Oruthalai vatha bedham**

Subject No	OP/IP No	TC	DC			Hb	ESR		Blood sugar		CHOLESTEROL		TRIGLYCERIDES	BLOOD UREA	SERUM CREATININE
			P	L	Mixed		30 min	60 min	Fasting	PP	sr.CHOL	HDL			
1	J86520	8700	60	37	3	14.1	30	60	98	164	55	134	132	14	0.8
2	J41187	9000	67	30	3	11.3	3	9	87	139	65	86	76	15	0.9
3	J85023	9200	59	39	2	12.3	6	8	96	132	40	98	142	39	0.8
4	J77239	8600	59	39	2	16.3	2	4	80	110	43	100	85	37	1.1
5	J90431	8700	70	25	5	12.4	8	16	84	115	62	79	74	16	0.7
6	I38610	9700	56	40	5	12	8	10	98	115	42	99	112	20	1.1
7	J97061	14400	71	27	2	11.4	20	42	118	124	37	85	156	27	0.6
8	J83647	6000	70	23	7	15.4	2	4	105	115	52	139	263	20	1.1
9	J99847	6300	64	34	2	15.8	12	24	96	132	51	95	127	20	1.1
10	J99614	7600	58	37	5	10.9	50	100	92	121	29	75	113	8	0.9
11	K02746	8400	51	44	5	14.5	2	6	82	133	42	59	112	20	1.1
12	K01560	5400	71	24	5	10.9	8	16	88	76	49	71	45	9	0.7
13	K07065	9900	52	46	2	15.7	4	10	95	132	47	157	284	35	0.8
14	J79076	5500	57	41	2	12.1	22	44	98	119	54	128	290	21	1
15	K05103	7900	68	28	4	14	4	8	100	142	49	96	129	19	0.8
16	K06023	8500	60	37	3	12	12	16	110	154	40	102	140	17	1.5
17	K03015	8800	63	34	3	10.3	10	22	109	209	67	106	93	19	1
18	K09497	11600	59	39	2	11.9	4	10	102	124	39	137	235	16	1
19	K06459	6800	56	40	4	11.5	26	54	94	104	56	128	236	18	0.8
20	K09129	8600	66	32	2	14.1	12	26	113	121	48	152	154	17	1.1
21	J81698	3200	55	42	3	11	20	42	76	110	49	88	136	13	0.7
22	K05083	7500	67	30	3	11.3	8	12	79	110	43	28	142	18	1
23	K08141	8300	71	19	10	9.7	30	62	88	110	40	132	150	15	1
24	K00926	6000	59	34	7	14.4	12	19	72	125	36	72	134	14	1.1
25	J85776	5800	60	38	2	13.3	4	8	88	160	42	100	108	16	0.7
26	J97395	6100	73	20	7	13.6	20	10	96	111	42	65	89	16	1.2
27	K18655	5400	62	26	12	11.1	15	30	91.1	86.2	42.6	111.1	86.2	18.4	0.63
28	K05384	7700	74	24	2	10.3	4	8	83	122	40	86	115	16	0.9
29	K12774	6600	59	38	3	13.1	50	102	50	102	133	152	137	11	0.8
30	K21961	7000	55	40	5	13.5	2	4	122	152	35	110	129	35	0.8

**Table-Showing Laboratory investigation of Oruthalai vatha bedham**

Subject No	OP/IP No	URINE				
		Albumin	Sugar	Deposits	pH	Specific gravity
1	J86520	Nil	Nil	2-4 hpf	Acidic	1.025
2	J41187	Nil	Nil	2-4hpf	Acidic	1.005
3	J85023	Nil	Nil	2-4hpf	Acidic	1.005
4	J77239	Nil	Nil	2-4hpf	Acidic	1.025
5	J90431	Nil	Nil	1-2hpf	Acidic	1.025
6	I38610	Nil	Nil	4-8hpf	Acidic	1.025
7	J97061	Nil	Nil	3-5 hpf	Acidic	1.025
8	J83647	Nil	Nil	3-4hpf	Acidic	1.005
9	J99847	Nil	Nil	1-2hpf	Acidic	1.005
10	J99614	Nil	Nil	2-4hpf	Acidic	1.025
11	K02746	Nil	Nil	2-4hpf	Acidic	1.025
12	K01560	Nil	Nil	2-4hpf	Acidic	1.025
13	K07065	Nil	Nil	1-2hpf	Acidic	1.025
14	J79076	Nil	Nil	2-3hpf	Acidic	1.025
15	K05103	Nil	Nil	2-4hpf	Acidic	1.025
16	K06023	Nil	Nil	2-4hpf	Acidic	1.025
17	K03015	Nil	Nil	2-4hpf	Acidic	1.025
18	K09497	Nil	Nil	1-2hpf	Acidic	1.025
19	K06459	Nil	Nil	2-4hpf	Acidic	1.025
20	K09129	Nil	Nil	2-4hpf	Acidic	1.025
21	J81698	Nil	Nil	2-4hpf	Acidic	1.025
22	K05083	Nil	Nil	1-2hpf	Acidic	1.025
23	K08141	Nil	Nil	2-3hpf	Acidic	1.025
24	K00926	Nil	Nil	2-4hpf	Acidic	1.025
25	J85776	Nil	Nil	2-4hpf	Acidic	1.025
26	J97395	Nil	Nil	2-4hpf	Acidic	1.025
27	K18655	Nil	Nil	1-2hpf	Acidic	1.025
28	K05384	Nil	Nil	2-4hpf	Acidic	1.025
29	K12774	Nil	Nil	2-4hpf	Acidic	1.025
30	K21961	Nil	Nil	2-4hpf	Acidic	1.025



## NEERKURI AND NEIKURI EXAMINATION

### NEERKURI

OP NO:J85023

COLOURLESS



OP NO:I38610

PALE YELLOW COLOUR



OP NO:K09129

YELLOW COLOUR



### NEIKURI

OP NO:J85023

IRREGULAR SHAPE



OP NO:I38610

SIEVE PATTERN



OP NO:K09129

SIEVE PATTERN



## **VIZHI & NAA EXAMINATION**

### **SUBJECT-NO-1**

40yrs/ M, Normal eyes



40yrs/ M, Normal tongue



### **SUBJECT NO- 2**

28yrs/M, Normal eyes



28yrs/M, coated



## 12. DISCUSSION

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Oru thalai vatha bedham is described in Sage Yugi in Yugi vaithya Chinthamani-800, and may be correlated with Primary headache Syndrome. The author had screened 70 patients with complaints of unilateral headache in the outpatient Department of National Institute of Siddha. Among those 70 cases, 30 cases were enrolled in the study and observed for symptoms and signs.

### **Distribution of cases by age group**

Among 30 cases, 22(73%) cases belonged to the age group of 0-33 yrs, this shows that the prevalence of Oru thalai vatha bedham is the most in men of adolescent 20+ age categories. 8(27%) were between the age group of 34-66 yrs. In this study the maximum number of cases (73%) fell under 0-33 years age group.

### **Distribution of cases by Diet:**

Among 30 cases 28(93%) cases belonged to non-vegetarian, 2(7%) belonged to vegetarian. Non-vegetarian diet which is considered as thamo gunam food seems to alter the body, mind and soul. Most of them were non vegetarians because non vegetarians are more prevalent in general population.

### **Distribution of cases by Paruvakaalam:**

Among 30 cases, 24(80%) affected at pinpanikaalam, the occurrence of disease was mostly during Pinpani kaalam(Maasi, Panguni) in which the Kabam gets thannilai valarchi and causes the disease. As per the text Marthuva thani paadal, in the season of Pinpani kaalam(Maasi, Panguni) Chillness and dryness got aggravated (dryness is due to pre-uthrayana kaalam). It causes the skin and hair follicles to shrink, which leads to increased body temperature and increased appetite. It is not correlated to those symptoms of Oru thalai vatha bedham, which is not so significant may be due to low sample size. 5(17%) were affected at Munpani kaalam, 1(3%) were affected at Koothir kaalam.

### **Distribution of cases by thinai**

Among 30 cases, 20(67%) of cases hailed from Marutha nilam, As per the text Padhartha guna chindhamani, Marutham is the land for human survival without any diseases and the deranged humours also become normal. But most of the cases reported in this study were residing in marutha nilam that may be due to modified lifestyle and polluted

land and its surroundings. 5(17%) had affected in kurinji nilam, 4(13%) cases affected in Neithal nilam., 1(3%) had affected in Mullai nilam.

### **Distribution of cases by Clinical features**

Among 30 cases, 30(100%) had Unilateral headache and throbbing pain over head, 26(87%) cases had Sleeplessness, 23(77%) cases had lacrimation, 12(40%) cases had Anorexia, 5(17%) cases had Deep breaths, 2(7%) cases had Horripilation.

In this study the cases were included as per the symptoms given in Siddha literature. Even nowadays the same symptoms were reported by the patients in outpatient department of National Institute of Siddha.

### **Distribution of cases by Iympoorigal**

Among 30 cases, kan affected in 25(77%) cases resulting in lacrimation.

### **Distribution of cases by Kanmentheriyangal**

In kanmenthiriyangal ,8(27%)cases of Eruvaai got affected resulting in constipation, and 1(3%) case Kaal got affected (H/o poliomyelitis), 1(3%) case karuvaai was affected (post hysterectomy status) .

### **Distribution of cases by Dasanaadikal**

In naadi, kugu(abanathai patriyadhu) affected resulting in constipation. As per the literature, Kugu dwells in the place of abana vaayu resulting constipation.

### **Derangement in Vathakutram**

Among 30cases of Uyir Thathukkal, 8(26.66%) cases were affected abanan, the Abanan is responsible for downward movement, affected abanan resulting in constipation 30(100%) cases were affected samanana, Samanana is responsible for neutralization of other 4 vayu and its function to divide the nutrition of the food and water and equally distributed all over the body, which gets deranged and produce anorexia. It affected because derangement of other vayu, 30( 100%) cases were affected viyanana, 23( 76.66%) were affected koorman, and 5(16.66%) were affected devathathan. Koorman is responsible for tears of eyes, which got affected and produce increased lacrimation. The affected devethathan produce tiredness of the body.

### **Derangement in Pithakutram**

Among 30 cases of uyir thathukkal, 18(60%) cases were affected analagam, it is the fire for digestion, it gets affected and resulting in anorexia, 2(6.66%) cases were had affected Ranjagam, it is the fire promoting blood, it affects and resulting in anemia. 3(10%) cases were affected Saathagam, it is the fire of energy to do work, it affects and resulting unable to do work during severe headache. 20(66.66%) cases were affected Aalosagam, it is the responsible for (Aqueous humour) it affect resulting in increased lacrimation.

### **Derangement in Kabhakutram**

In Iyyam 30 cases, 5( 16.66% ) cases were affected in Avalambagam, Avalambagam is located in lungs, it affects and produce deep breaths. 12(40%) cases were affected in Kilethagam. It is located in stomach, it affects and resulting in anorexia. In this study majority of cases were presented with affected Kilethagam (Anorexia).

### **Distribution of cases by Udal Thathukkal**

Among the seven somatic components of 30 cases, 12(40%) cases had affected saaram, 10(33%) cases had affected Senneer, Derangement of Udal thathukkal is the initial stage for any diseases. In this study Saaram and Seneer (migu gunam) affected in some of the patients it leads to anorexia, Which may be a significant finding in Udal thathukkal and related symptom of this study. 11(37%) had affected Oon, 7(23%) cases had affected Enbu, 6(20%) had affected Kozhuppu, 2(7%) had affected Moolai.

### **Distribution of cases by Kosangal**

Among 30 cases, 30(100%) cases affected got deranged Manomaya kosam resulting in Stress, Manomaya kosam is affected because of the sorrow about the illness. 12(40%) case affected Annamaya kosam got deranged resulting in anorexia. As per the text, Annamaya kosam is affected because of 7 Udal thathukkal forming this kosam is affected.

### **Distribution of cases by Thegi**

Among the 30 cases, 17(57%) cases were Vadha pitham, In this study majority of cases were recorded for patients who are having Vadha pitham degam. From this it is concluded that patients having this types of body nature is more prone to Oru thalai vadha betham (Primary headache syndrome), 4(13%) were Kapha pitham, 2(6%) were Vatham, Pitha vatham, Pitha kapham, 1(3%) were Vatha kapham, Kapham, Kapha vatham.

### **Distribution of cases by Thegiyin niram**

In 30 cases 6(20%) cases were black colour appearance, 19(63.33%) cases were yellow colour appearance, 5(16.66%) cases were veluppu in appearance. There is no relationship between the body complexion and occurrence of disease. So this is not more significant in this study. In this study majority of the cases were reported in yellow complexion. No specific inference made out in this study from the examination of niram.

### **Distribution of cases by Naadi**

Among 30 cases, 14(47%) cases were vanmai and 16(53.33%) menmai in Naadi nithanam, 14(46.66%) cases were illaithal, 10(33.33%) cases were Kuthithal, 6(20%) cases were thullal in naadi panbu, 12(40%) cases were Vatha pitham, 1(3.33%) cases were Vadha kabam, 11(37%) cases were Pitha vatham, 2(7%) were Kaba vatham, 4(13.33%) cases were Kaba pitham in naadi nilai.

As per the literature in Sathaga naadi, kaba vatha naadi has the symptom

"சிரநோய்கள் பலவும்வந்து சிறக்குந் தானே"

In this study majority of cases were recorded that Naadi nithanam is menmai, Naadi panbu is illaithal, and Naadi nilai is Vadha kabam. It is not co-related may be due to low sample size.

### **Distribution of cases by Sparisam**

Among 30 Cases, 4(13.44%) cases are having mitha veppam in sparisam condition, 24(80%) cases are having migu veppam in sparisam condition, 2(6.66%) are having thatpam in sparisam condition. And sweating condition 26(87%) normal, 2(6.66%) cases are increased condition, 2(6.66%) cases are decreased condition. No one had Thoduvali thanmai. No one have udal varatchi. According to literature for Pitha patients the body temperature is hot. It is not co-related in this study.

The act of secreting fluid from the skin by the sweat glands is called sweating. As per the text decreased sweating leads to hair loss and horripilation. Which is significant because one of the clinical symptom of this disease.

### **Distribution of cases by Naa**

Among 30 cases, 28(93.33%) were presented with coated tongue, 2(6.66%) were presented with vedippu, 4(13.33%) had black colour tongue, 1(3.33%) had yellow coloured tongue, 20(66.66%) had veluppu niram, 8(26.66%) had bitter taste, 1(3.33%) had sour taste, 1(3.33%) had sweet taste, 20(66.66%) had normal taste.

In this study majority of cases were presented with coated tongue and no specific taste was felt in tongue. Coated tongue and normal taste are the normalised function of tongue. No any significant co-relation reported in this study.

#### **Distribution of cases by Mozhi**

Among 30 cases, 24(80%) cases were sama oli, 3(10%) cases were had Uratha oli, 3(10%) cases were had Thazhntha oli. In this study majority of cases had samavoli. Vadha deranged individuals mostly represented by samavoli which may be significant in this study.

#### **Distribution of cases by Vizhi**

Among 30 cases , 1(3.33%) were veluppu as vizhiyin niram, 29(96.66%) cases were normal individuals. And 25(83.3%) cases had increased kanneer, 2(6.66%) cases had kan erichchal, 3(10%) cases had normal eyes. In this study majority of cases had increased kanneer which one the clinical symptom of the disease.

#### **Distribution of cases by Malam**

Among 30 cases, 29(96.66%) had manjal and 1(3.33%) had karuppu, 8(26.66%) had mala sikkal.

In the study majority of patients had normal stool colour with habitual constipation. Among 14 urges/ reflexes in malam abana vayu is responsible for defecation. If it is obstructed, its increased quantum pushes the stool and causes the headache

#### **Distribution of cases by Neerkuri**

Among 30 cases, 30(100%) cases had mild aromatic in neer manam . 21(70%) of cases had yellow colour in urine, 3(10%) had pale yellow colour. 6(20%) cases had colourless in nature. Among 30 cases, no one of the cases had frothy urine, All of cases had normal deposits and specific gravity

As per the text,

Valaththalai noi nature of urine - When urine is taken and leave alone sometimes in a porcelain vessel at the base of the vessel there may be appearance of red colour, yellow colour or mildly clear in nature. It indicates the diseases in the right side of the head.

Idaththalai noi nature of urine – Person with, fever and colour of the urine is like mixture of black and white colour with clear urine indicates the diseases in the left side of the head.

Majority of cases had yellow colour urine. Almost all the cases and patients had mild aromatic smell. Which may be co-relate with the study and literature.

#### **Distribution of cases by Neikkuri**

Among 30 cases, 3 (10%) was pearl shape, 2(6.66%) was irregular, 19(63.33%) was sieve pattern, 1(3.33%) was oval shape.

In this study majority of the cases had sieve pattern. According to siddha literature sieve pattern is the sign for the disease which may or may not be curable. The headache is a clinical symptom which is relapsing and remitting in nature even on medication. It may not be curable completely. As per the text, occurrence of Sieve pattern in Neikkuri is the indication for derangement of kabam in the body. As per the hospital based study it may not be significant.

#### **Distribution of cases by Manikadai nool**

Among 30 cases, 2(6.66%) had 8.5 finger breadth, 4(13.33%) had 8.75 finger breadths, 2(6.66%) had 9 fingerbreadths, 1(3.33%) had 9.25 fingerbreadths, 12(40%) had 9.5 fingerbreadths, 2(6.66%) had 9.75 finger breadths, 1(3.33%) had 10 finger breadths, 1(3.33%) had 10.5 finger breadths, 2(6.66%) had 10.75 finger breadths, 2(6.66%) had 11 finger breadths, 1(3.33%) had 11.5 finger breadths .Therefore the patients with the range of wrist circumetric 8.5-11.5 finger breadths may be referred to have a predilection to develop Oruthali vatha bedham. Such people may be advised to follow the precautionary steps to avoid the development of Oru thalai vatha bedham as a preventive measure. As per the text Agathiyar soodamani kayaru soothiram, 9.5- Annaththai thallum (Anorexia ), 9.25- Insomnia present, 40% were reported in 9.5 finger breadths that may be co-relate with the clinical symptom of this study. 3.33% were reported in 9.25 finger breadths it may be significant in this study.



### 13. SUMMARY AND CONCLUSION

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Oru thalai vatha bedham clinical entity was described by Sage Yugi in his wisdom. The study conducted has come out with excellent results validating the clinical features of Oru thalai vatha bedham elucidated in an ultra short poetic segment by Yugi. The study was aimed at evolving a set of exclusive Siddha diagnostic findings for Oru thalai vatha bedham with the observation and inference of various parameters like Naadi, Neikkuri and disease acquired season, it can be concluded that all of them point to the development or vitiation of humour leading to the disease Oru thalai vatha bedham. The patient reported with the symptoms of Oru thali vatha bedham were subjected to the standard set of investigations, the results and findings of the investigations were suggestive of Oru thalai vatha bedham according to modern classification of disease. Manikadai Nool and Neikkuri findings may help in the identifying of preponderance in a person to develop Oru thalai vatha bedham hence it can be used as a screening measure to advise the preventive measures well in advance.

Almost all the patients diagnosed as oru thalai vatha bedham had normal study of heamatological evidence, CT & x-ray( if needed) conforming to the correlation of disease with Primary headache syndrome. From the analysis done between Oru thalai vatha bedham cases notable variations were observed in both Siddha and Modern parameters. Interestingly, it was found that the symptoms presented by the patients in the study were those of a constant subset of symptoms of Primary headache syndrome explained in the present day classification. It correlated with all of the symptoms mentioned by Yugimuni under Oru thalai vatha bedham. Thus the author concludes by throwing lights on validation of symptomatology and exclusive Siddha diagnostic methodology for Oru thalai vatha bedham, so that a physician can arrive at proper treatment procedures by rightly diagnosing the disease.

## 14. BIBLIOGRAPHY:

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1. Yugi vaithya chinthamani-800, Pg. no.239, Publisher-Indian medicine and Homeopathy department.
2. Tamil- english dictionary, T.V.Sambasivam pillai, Volumes – all (I-VI) 2nd edition 1991.
3. Siddha Maruthuvanga Surukkam, C.S. Uthmarayan H.P.I.M, 3<sup>rd</sup> edition-2006.
4. Noinaadal noimudhal naadal thirattu part-I, Dr.M.Sanmugavelu, H.P.I.M, 5th edition 2009, Publied by Indian medicine - Homeopathy department, Chennai - 600106.
5. Theraiyar neerkuri vaithiyam, S.P.Ramachandran, 1st edition june 2000, Publied by Thamarai noolagam, pg. no.309.
6. Cecil Text book of medicine, Edition- 22nd , Editors - Lee Goldman, Dennis Ausiello MD.
7. Davidson's principle and practice of medicine, Pg No - 993, Edition - 19th, Editors Christophen haslett, Edwin R.Chilvers, Nicholas A.Boon, Nicki R.Colledge.
8. Harison's principle of internal medicine, PgNo-314, Edition-16th, Editors – Dennis L.Kasper MD, Eugene BraunwaldMD, Anthony S.Fauci MD, Stephen .L.Hauer MD, Dan. L.Longo MD, J.LarryJameson MD.
9. Gray's Anatomy, Edition-39th, Editors-Barry KB Berovitz BDS, Neil R Borley FRCS (Ed)MS, Alan R Crossman Bsc PhD Dsc, Mark s Davies MBBS FRCS(ortho).
10. Guyton and Hall, Textbook of Medical Physiology, John E. Hall, PhD, Arthur C. Guyton Professor and Chair, Department of Physiology and Biophysics Director, Mississippi Center for Obesity Research University of Mississippi Medical Center Jackson, Mississippi, Chapter 49 ; pg no:629.
11. J Headache Pain (2001) 2:182–190© Springer-Verlag 2001.
12. Oxford Textbook of Medicine 4th edition (March 2003): by David A. Warrell (Editor), Timothy M. Cox (Editor), John D. Firth (Editor), Edward J., J R., M.D. Benz(Editor) By Oxford Press, pg no:1118.
13. EFNS guidelines 2011 – cluster headache and other trigemino autonomic cephalalgia.
14. Chapter 2 Diagnosis of Trigeminal Autonomic Cephalalgias Mark J. Stillman.

15. CHAPTER 11-Cluster headache and other trigemino- autonomic cephalgias S. Evers, 1 J. Afra, 2 A. Frese, 1,3 P. J. Goadsby, 4 M. Linde, 5 A. May, 6 P. S. Sandor 71 University of Munster, Germany ; 2 National Institute of Neurosurgery.
16. Trigeminal Autonomic Cephalalgias A Diagnostic and Therapeutic Overview 14 > ACNR > VOLUME 14 NUMBER 4 > SEPTEMBER/OCTOBER 2014.



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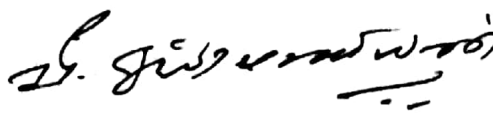
Dt: 14.10.2016

**CERTIFICATE**


<b>Address of Ethics Committee: National Institute of Siddha, Tambaram Sanatorium, Chennai-600047, Tamil Nadu, India</b>	
<b>Principal Investigator: Dr. P.Preetha – I year, Dept.of Noi Naadal</b>	
<b>Protocol Title:- A study on the Symptomatology and Siddha Diagnostic Methodology of Oru Thalai Vagatha Bedham.</b>	
<b>Documents filed</b>	1) Protocol, 2) Data Collection forms
<b>Clinical trial Protocol (others – Specify)</b>	<b>Yes-(M.D-Dissertation)</b>
<b>Informed consent documents</b>	<b>Yes</b>
<b>Any other documents</b>	-
<b>Date of IEC approval &amp; its number</b>	<b>NIS/IEC/2016/11-29/ 14.10.2016</b>

We approve the trial to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study.

  
(Dr.V.Subramanian)  
Chairman



  
(Prof.Dr.V.Banumathi)  
Member Secretary



# The Tamil Nadu Dr. M.G.R. Medical University

69, Anna Salai, Guindy, Chennai - 600 032.

This Certificate is awarded to Dr/Mr/Mrs.....**PREETHA.P**.....

For participating as ~~Resource Person~~ / Delegate in the Twenty First Workshop on

## **"RESEARCH METHODOLOGY & BIOSTATISTICS"**

For **AYUSH** Post Graduates & Researchers

Organized by the Department of Siddha

The Tamil Nadu Dr. M.G.R. Medical University From 25<sup>th</sup> to 29<sup>th</sup> April 2016.

  
**Dr.N.KABILAN**, MD(S),

PROF & HEAD  
DEPT.OF SIDDHA

  
Prof.**Dr.P.PARUMUGAM**, M.D.,

REGISTRAR i/c

  
Prof.**Dr.S.GEETHALAKSHMI**, M.D., Ph.D.,  
VICE CHANCELLOR



Clinical Trial Details (PDF Generation Date :- Thu, 10 May 2018 10:17:52 GMT)

<b>CTRI Number</b>	CTRI/2017/06/008784 [Registered on: 08/06/2017] - <b>Trial Registered Retrospectively</b>	
<b>Last Modified On</b>	07/06/2017	
<b>Post Graduate Thesis</b>	Yes	
<b>Type of Trial</b>	Observational	
<b>Type of Study</b>	Follow Up Study	
<b>Study Design</b>	Single Arm Trial	
<b>Public Title of Study</b>	a study on symptoms and diagnostic methods of the disease naming oru thalai vadha badham in siddha terminology	
<b>Scientific Title of Study</b>	A study on the symptomatology and siddha diagnostic methodology of oru thalai vadha bedham	
<b>Secondary IDs if Any</b>	<b>Secondary ID</b>	<b>Identifier</b>
	Nil	NIL
<b>Details of Principal Investigator or overall Trial Coordinator (multi-center study)</b>	<b>Details of Principal Investigator</b>	
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Details of Secondary Sponsor	Name Address NIL NIL
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Details of Ethics Committee	Name of Committee Approval Status Date of Approval Is Independent Ethics Committee? Institutional Ethics Committee Approved 14/10/2016 No
Regulatory Clearance Status from DCGI	Status Date Not Applicable No Date Specified
Health Condition / Problems Studied	Health Type Condition Patients Patients with the complaints of 1 20 to 60 years 2 Unilateral headache 3 Lacrimation 4 Throbbing pain 5 Frequent headache 6 Deep breath 7 Horripilation 8 Anorexia 9 Sleeplessness
Intervention / Comparator Agent	Type Name Details Comparator Agent Nil Nil
Inclusion Criteria	Inclusion Criteria Age From 20.00 Year(s) Age To 60.00 Year(s) Gender Both Details Group 1 1 Age 20 to 60 years 2 Unilateral headache 3 Lacrimation 4 Throbbing pain Group 2 1 Frequent headache 2 Deep breath 3 Horripilation 4 Anorexia 5 Sleeplessness





	Patients with Group 1 and any 3-4 symptoms of Group 2 will be included in the study	
Exclusion Criteria	<b>Exclusion Criteria</b>	
	<b>Details</b>	1 Chandravartham 2 Vadha thalai nokadu 3 Any other systemic illness 4 Vulnerable group 5 Head injury 6 Vascular disorder
Method of Generating Random Sequence	Not Applicable	
Method of Concealment	Not Applicable	
Blinding/Masking	Not Applicable	
Primary Outcome	<b>Outcome</b>	<b>Timepoints</b>
	Establishing the relevance of sage Yugi symptomatology about the disease Oru thalai vadha bedham of the present day patient sample	1 year
Secondary Outcome	<b>Outcome</b>	<b>Timepoints</b>
	1 Arriving at an interpretation of Oru thalai vadha bedham. Its Siddha pathophysiology and symptomatology and etiology with reference to modern pathological concepts of Primary headache syndromes 2 Findings of udal vaagu and kurta vaagu 3 Findings of Envagai thervu 4 Formulation of line of treatment, dietary regimen for the condition of oru thalai vadha bedham	1 year
Target Sample Size	<b>Total Sample Size=30</b> <b>Sample Size from India=30</b>	
Phase of Trial	N/A	
Date of First Enrollment (India)	01/04/2017	
Date of First Enrollment (Global)	No Date Specified	
Estimated Duration of Trial	<b>Years=1</b> <b>Months=0</b> <b>Days=0</b>	
Recruitment Status of Trial (Global)	Not Applicable	
Recruitment Status of Trial (India)	Open to Recruitment	
Publication Details	Nil	
Brief Summary	The term Disease is defined as alteration in the nature of seven udal thathukkal and three uyir thathukkal in gross material body and also in subtle spiritual body. As per Sage Yugi Oru thalai vadha bedham is one amongst the 80 types of Vaatha diseases. It is characterised by unilateral headache, lacrimation, nasal congestion, frequent headache, throbbing pain, anorexia, sleeplessness, horripilation. Whatever may be the reason the patient affected by headache it will affect day to day life. It require proper diagnosis.	



## 15. ANNEXURE

### A STUDY ON THE SYMPTAMATOLOGY AND DIAGNOSTIC METHODOLOGY OF ORU THALAI VATHA BEDHAM

#### FORM I – (SCREENING AND SELECTION PROFORMA)

1. O.P.No \_\_\_\_\_ 2. I.P No \_\_\_\_\_ 3. Bed No: \_\_\_\_\_ 4. S.No: \_\_\_\_\_

5. Name: \_\_\_\_\_ 6. Age (years):  7. Gender: M ☐ F ☐  
T ☐

8. Occupation: \_\_\_\_\_ 9. Income: \_\_\_\_\_

10. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Contact Nos: \_\_\_\_\_

12. E-mail : \_\_\_\_\_

13. Whether taken any other medication for the same disease previously YES ☐ NO ☐

If yes,  
Name of the medicines :

Duration :

If resorted to Siddha medicine for the treatment of Oru thalai vatha bedham YES ☐ NO ☐

Reasons for resorting to Siddha medicine :

	YES	NO
(a) Cost effectiveness :	<input type="checkbox"/>	<input type="checkbox"/>
(b) No side effects in Siddha medicine :	<input type="checkbox"/>	<input type="checkbox"/>
(c) Dissatisfaction with the previous treatment :	<input type="checkbox"/>	<input type="checkbox"/>

## INCLUSION CRITERIA

	YES	NO
1. Age 20-60yrs.	<input type="checkbox"/>	<input type="checkbox"/>
2. Unilateral headache	<input type="checkbox"/>	<input type="checkbox"/>
3. Throbbing pain	<input type="checkbox"/>	<input type="checkbox"/>
4. Lacrimation	<input type="checkbox"/>	<input type="checkbox"/>
5. Sleeplessness	<input type="checkbox"/>	<input type="checkbox"/>
6. Anorexia	<input type="checkbox"/>	<input type="checkbox"/>
7. Deep breath	<input type="checkbox"/>	<input type="checkbox"/>
8. Horripilation	<input type="checkbox"/>	<input type="checkbox"/>

Patients who fulfill any 4 symptoms of the criteria will be included in the study.

## EXCLUSION CRITERIA

	YES	NO
Head injury	<input type="checkbox"/>	<input type="checkbox"/>
Any systemic illness	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable group	<input type="checkbox"/>	<input type="checkbox"/>
Vadha thalai nookaadu	<input type="checkbox"/>	<input type="checkbox"/>

**Date :**

**P.G Student**

**Lecturer**

**A STUDY ON ORU THALAI VATHA BEDHAM AND ITS SIDDHA  
DIAGNOSTIC METHODOLOGY**

**FORM II – (HISTORY PROFORMA)**

1. Sl.No of the case: \_\_\_\_\_

2. Name: \_\_\_\_\_ Height: \_\_\_\_\_ cms Weight: \_\_\_\_\_ Kg

3. Age (years): \_\_\_\_\_ DOB 

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--	--

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D D M M Y E A R

4. Educational Status:

1) Illiterate ☐ 2) Literate ☐ 3) Student ☐ 4) Graduate/Postgraduate ☐

5. Nature of work:

1) Sedentary work ☐

2) Field work with physical labour ☐

3) Field work Executive ☐

6. Complaints and Duration:

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7. History of present illness:

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8. History of Past illness:

	1. Yes	2. No
Systemic hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Ischemic heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Dyslipidaemia	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Bronchial asthma	<input type="checkbox"/>	<input type="checkbox"/>
Any drug allergy	<input type="checkbox"/>	<input type="checkbox"/>
Any surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Any major illnesses	<input type="checkbox"/>	<input type="checkbox"/>

9. Habits:

	1. Yes	2. No
Smoker	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholic	<input type="checkbox"/>	<input type="checkbox"/>
Drug Addiction	<input type="checkbox"/>	<input type="checkbox"/>
Betel nut chewer:	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>

DIET HISTORY

Type of diet	V <input type="checkbox"/>	NV <input type="checkbox"/>	M <input type="checkbox"/>
--------------	----------------------------	-----------------------------	----------------------------

VEGETARIAN FOODS

	1. Yes	2. No
sweets	<input type="checkbox"/>	<input type="checkbox"/>
Ice creams	<input type="checkbox"/>	<input type="checkbox"/>
Junk foods	<input type="checkbox"/>	<input type="checkbox"/>

#### NON VEGETARIAN FOODS

Meat

☐☐

Fish

☐☐

Crab

☐☐

#### DRINKS

Soft drinks

☐☐

#### 10. Personal history:

Marital status: Married ☐ Unmarried ☐

No. of children: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Socio economic status:

#### 11. Family history:

History of unilateral headache --

#### 12.. Menstrual & Obstetric history:

Age at menarche \_\_\_\_\_ years

Gravidity ☐ Parity ☐

Duration of the menstrual cycle:

Constancy of cycle duration: 1.Regular ☐ 2.Irregular ☐

13. GENERAL ETIOLOGY FOR “**ORU THALAI VATHA BEDHAM**”

	YES	NO
1. Trauma of head	<input type="checkbox"/>	<input type="checkbox"/>
2. Triggering foods	<input type="checkbox"/>	<input type="checkbox"/>
3. Psychological distress	<input type="checkbox"/>	<input type="checkbox"/>

14. CLINICAL SYMPTOMS OF “**ORU THALAI VATHA BEDHAM**”

	YES	NO
1. Unilateral headache	<input type="checkbox"/>	<input type="checkbox"/>
2. Throbbing pain	<input type="checkbox"/>	<input type="checkbox"/>
3. Lacrimation	<input type="checkbox"/>	<input type="checkbox"/>
4. Sleeplessness	<input type="checkbox"/>	<input type="checkbox"/>
5. Anorexia	<input type="checkbox"/>	<input type="checkbox"/>
6. Deep breath	<input type="checkbox"/>	<input type="checkbox"/>
7. Horripilation	<input type="checkbox"/>	<input type="checkbox"/>

**Date :**

**Lecturer:**

**P.G Student:**

**A STUDY ON THE SYMPTAMATOLOGY AND DIAGNOSTIC  
METHODOLOGY OF ORU THALAI VATHA BEDHAM  
FORM III - CLINICAL ASSESSMENT**

1. Serial No: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Date of birth:

D	D

M	M

Y	E	A	R

4. Age: \_\_\_\_\_ years

5. Date: \_\_\_\_\_

**GENERAL EXAMINATION:**

1. Height: \_\_\_\_\_ cms. BMI \_\_\_\_\_ (Weight Kg/ Height m<sup>2</sup>)

2. Weight (kg):

3. Temperature (°F):

4. Pulse rate:

5. Heart rate:

6. Respiratory rate:

7. Blood pressure:

8. Pallor:

9. Jaundice:

10. Cyanosis:

11. Lymphadenopathy:

12. Pedal edema:

13. Clubbing:

14. Jugular vein pulsation

## EXAMINATION

1. Inspection
2. Palpation
3. Percussion
4. Auscultation

## VITAL ORGANS EXAMINATION

	1. Normal	2. Affected	
1. Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Brain	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

## SYSTEMIC EXAMINATION:

1. Cardio Vascular System \_\_\_\_\_
2. Respiratory System \_\_\_\_\_
3. Gastrointestinal System \_\_\_\_\_
4. Central Nervous System \_\_\_\_\_
5. Uro genital System \_\_\_\_\_
6. Endocrine System \_\_\_\_\_



## **I. NAADI (KAI KURI) (RADIAL PULSE READING)**

### **(a) Naadi Nithanam (Pulse Appraisal)**

#### **1. Kalam (Pulse reading season)**

- |                                     |                          |                                      |                          |
|-------------------------------------|--------------------------|--------------------------------------|--------------------------|
| 1. Kaarkaalam<br>(Rainy season)     | <input type="checkbox"/> | 2. Koothirkaalam<br>(Autumn)         | <input type="checkbox"/> |
| 3. Munpanikaalam<br>(Early winter)  | <input type="checkbox"/> | 4. Pinpanikaalam<br>(Late winter)    | <input type="checkbox"/> |
| 5. Ilavenirkaalam<br>(Early summer) | <input type="checkbox"/> | 6. Muthuvenirkaalam<br>(Late summer) | <input type="checkbox"/> |

#### **2. Desam (Climate of the patient's habitat)**

- |                         |                          |                    |                          |
|-------------------------|--------------------------|--------------------|--------------------------|
| 1. Kulir<br>(Temperate) | <input type="checkbox"/> | 2. Veppam<br>(Hot) | <input type="checkbox"/> |
|-------------------------|--------------------------|--------------------|--------------------------|

- |                  |            |                          |             |                          |           |                          |
|------------------|------------|--------------------------|-------------|--------------------------|-----------|--------------------------|
| 3. Vayathu (Age) | 1. 1-33yrs | <input type="checkbox"/> | 2. 34-66yrs | <input type="checkbox"/> | 3. 67-100 | <input type="checkbox"/> |
|------------------|------------|--------------------------|-------------|--------------------------|-----------|--------------------------|

#### **4. Udal Vanmai (General body condition)**

- |                              |                          |                       |                          |                     |                          |
|------------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|
| 1. Iyyalbu<br>(Normal built) | <input type="checkbox"/> | 3. Valivu<br>(Robust) | <input type="checkbox"/> | 4. Melivu<br>(Lean) | <input type="checkbox"/> |
|------------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|

#### **5. Vanmai (Expansile Nature)**

- |           |                          |           |                          |
|-----------|--------------------------|-----------|--------------------------|
| 1. Vanmai | <input type="checkbox"/> | 2. Menmai | <input type="checkbox"/> |
|-----------|--------------------------|-----------|--------------------------|

#### **6. Panbu (Habit)**

- |                               |                          |                               |                          |                             |                          |
|-------------------------------|--------------------------|-------------------------------|--------------------------|-----------------------------|--------------------------|
| 1. Thannadai<br>(Playing in)  | <input type="checkbox"/> | 2. Puranadai<br>(Playing out) | <input type="checkbox"/> | 3. Illaitthal<br>(Feeble)   | <input type="checkbox"/> |
| 4. Kathithal<br>(Swelling)    | <input type="checkbox"/> | 5. Kuthithal<br>(Jumping)     | <input type="checkbox"/> | 6. Thullal<br>(Frisking)    | <input type="checkbox"/> |
| 7. Azhutthal<br>(Ducking)     | <input type="checkbox"/> | 8. Padutthal<br>(Lying)       | <input type="checkbox"/> | 9. Kalatthal<br>(Blending)  | <input type="checkbox"/> |
| 10. Munnokku<br>(Advancing)   | <input type="checkbox"/> | 11. Pinnokku<br>(Flinching)   | <input type="checkbox"/> | 12. Suzhalal<br>(Revolving) | <input type="checkbox"/> |
| 13. Pakkamnokku<br>(Swerving) | <input type="checkbox"/> |                               |                          |                             |                          |

**(b) Naadi nadai (Pulse Play)**

- |               |                          |                |                          |               |                          |
|---------------|--------------------------|----------------|--------------------------|---------------|--------------------------|
| 1. Vali       | <input type="checkbox"/> | 2. Azhal       | <input type="checkbox"/> | 3. Iyyam      | <input type="checkbox"/> |
| 4. Vali Azhal | <input type="checkbox"/> | 5. Azhal Vali  | <input type="checkbox"/> | 6. Iyya Vali  | <input type="checkbox"/> |
| 7. Vali Iyyam | <input type="checkbox"/> | 8. Azhal Iyyam | <input type="checkbox"/> | 9. Iyya Azhal | <input type="checkbox"/> |

**II.NAA (TONGUE)**

- |                                       |                       |                          |                       |                          |
|---------------------------------------|-----------------------|--------------------------|-----------------------|--------------------------|
| 1. Maa Padinthuruthal<br>(Coatedness) | 1. Present            | <input type="checkbox"/> | 2. Absent             | <input type="checkbox"/> |
| 2. Niram<br>(Colour)                  | 1. Karuppu<br>(Dark)  | <input type="checkbox"/> | 2. Manjal<br>(Yellow) | <input type="checkbox"/> |
|                                       | 3. Velluppu<br>(Pale) | <input type="checkbox"/> |                       |                          |
| 3. Suvai<br>(Taste sensation)         | 1. Pulippu<br>(Sour)  | <input type="checkbox"/> | 2. Kaippu<br>(Bitter) | <input type="checkbox"/> |
|                                       | 3. Inippu<br>(Sweet)  | <input type="checkbox"/> |                       |                          |
| 4. Vedippu<br>(Fissure)               | 1. Absent             | <input type="checkbox"/> | 2. Present            | <input type="checkbox"/> |
| 5. Vai neer oorai<br>(Salivation)     | 1. Normal             | <input type="checkbox"/> | 2. Increased          | <input type="checkbox"/> |
|                                       | 3. Reduced            | <input type="checkbox"/> |                       |                          |

**III.NIRAM (COMPLEXION)**

- |                      |                          |                          |                          |                       |                          |
|----------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|
| 1. Karuppu<br>(Dark) | <input type="checkbox"/> | 2. Manjal<br>(Yellowish) | <input type="checkbox"/> | 3. Velluppu<br>(Fair) | <input type="checkbox"/> |
|----------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|

**IV. MOZHI (VOICE)**

- |                                 |                          |                                  |                          |                                    |                          |
|---------------------------------|--------------------------|----------------------------------|--------------------------|------------------------------------|--------------------------|
| 1. Sama oli<br>(Medium pitched) | <input type="checkbox"/> | 2. Urattha oli<br>(High pitched) | <input type="checkbox"/> | 3. Thazhantha oli<br>(Low pitched) | <input type="checkbox"/> |
|---------------------------------|--------------------------|----------------------------------|--------------------------|------------------------------------|--------------------------|

**V. VIZHI (EYES)**

1. Niram (Venvizhi)  
(Discolouration)

- |                      |                          |                        |                          |
|----------------------|--------------------------|------------------------|--------------------------|
| 1. Karuppu<br>(Dark) | <input type="checkbox"/> | 2. Manjal<br>(Yellow)  | <input type="checkbox"/> |
| 3. Sivappu<br>(Red)  | <input type="checkbox"/> | 4. Velluppu<br>(White) | <input type="checkbox"/> |
| 5. No Discoloration  | <input type="checkbox"/> |                        |                          |

- |                       |           |                          |              |                          |            |                          |
|-----------------------|-----------|--------------------------|--------------|--------------------------|------------|--------------------------|
| 2. Kanneer<br>(Tears) | 1. Normal | <input type="checkbox"/> | 2. Increased | <input type="checkbox"/> | 3. Reduced | <input type="checkbox"/> |
|-----------------------|-----------|--------------------------|--------------|--------------------------|------------|--------------------------|

- |  |            |                          |           |                          |
|--|------------|--------------------------|-----------|--------------------------|
| 3. Erichchal<br>(Burning sensation)      | 1. Present | <input type="checkbox"/> | 2. Absent | <input type="checkbox"/> |
| 4. Peelai seruthal<br>(Mucus excrements) | 1. Present | <input type="checkbox"/> | 2. Absent | <input type="checkbox"/> |

## VI. MEI KURI (PHYSICAL SIGNS)

- |                               |                     |                          |                       |                          |                     |                          |
|-------------------------------|---------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|
| 1. Veppam<br>(Warmth)         | 1. Mitham<br>(Mild) | <input type="checkbox"/> | 2. Migu<br>(Moderate) | <input type="checkbox"/> | 3. Thatpam<br>(Low) | <input type="checkbox"/> |
| 2. Viyarvai<br>(Sweat)        | 1. Increased        | <input type="checkbox"/> | 2. Normal             | <input type="checkbox"/> | 3. Reduced          | <input type="checkbox"/> |
| 3. Thodu vali<br>(Tenderness) | 1. Absent           | <input type="checkbox"/> | 2. Present            | <input type="checkbox"/> |                     |                          |

## VII. MALAM (STOOLS)

- |  |                         |                                 |                                |                          |
|--|-------------------------|---------------------------------|--------------------------------|--------------------------|
| 1. Niram<br>(Color)                          | 1. Karuppu<br>(Dark)    | <input type="checkbox"/>        | 2. Manjal<br>(Yellowish)       | <input type="checkbox"/> |
|  | 3. Sivappu<br>(Reddish) | <input type="checkbox"/>        | 4. Velluppu<br>(Pale)          | <input type="checkbox"/> |
| 2. Sikkal<br>(Constipation)                  | 1. Present              | <input type="checkbox"/>        | 2. Absent                      | <input type="checkbox"/> |
| 3. Sirutthal<br>(Poorly formed stools)       | 1. Present              | <input type="checkbox"/>        | 2. Absent                      | <input type="checkbox"/> |
| 4. Kalichchal<br>(Loose watery stools)       | 1. Present              | <input type="checkbox"/>        | 2. Absent                      | <input type="checkbox"/> |
| 5. Seetham<br>(Watery and mucoid excrements) | 1. Present              | <input type="checkbox"/>        | 2. Absent                      | <input type="checkbox"/> |
| 6. Vemmai<br>(Warmth)                        | 1. Present              | <input type="checkbox"/>        | 2. Absent                      | <input type="checkbox"/> |
| 7. History of habitual constipation          | 1. Present              | <input type="checkbox"/>        | 2. Absent                      | <input type="checkbox"/> |
| 8. Passing of                                | a) Mucous               | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |                          |
|  | b) Blood                | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |                          |

## VIII. MOOTHIRAM (URINE)

### (a) NEER KURI (PHYSICAL CHARACTERISTICS)

#### 1. Niram (colour)

(Colourless)	<input type="checkbox"/>	Milky purulent	<input type="checkbox"/>	orange	<input type="checkbox"/>
Red	<input type="checkbox"/>	Greenish	<input type="checkbox"/>	dark brown	<input type="checkbox"/>
Bright red	<input type="checkbox"/>	Black	<input type="checkbox"/>	Brown red or yellow	<input type="checkbox"/>

#### 2. Manam (odour)

	Yes	No
Ammonical	: <input type="checkbox"/>	<input type="checkbox"/>
Fruity	: <input type="checkbox"/>	<input type="checkbox"/>
Others	: _____	

#### 3. Edai (Specific gravity)

	Yes	No
Normal (1.010-1.025)	: <input type="checkbox"/>	<input type="checkbox"/>
High Specific gravity (>1.025)	: <input type="checkbox"/>	<input type="checkbox"/>
Low Specific gravity (<1.010)	: <input type="checkbox"/>	<input type="checkbox"/>
Low and fixed Specific gravity (1.010-1.012):	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. Alavu(volume)

	Yes	No
Normal (1.2-1.5 lt/day)	: <input type="checkbox"/>	<input type="checkbox"/>
Polyuria (>2lt/day)	: <input type="checkbox"/>	<input type="checkbox"/>
Oliguria (<500ml/day)	: <input type="checkbox"/>	<input type="checkbox"/>

#### 5. Nurai(froth)

	Yes	No
Clear	: <input type="checkbox"/>	<input type="checkbox"/>
Cloudy	: <input type="checkbox"/>	<input type="checkbox"/>

**6. Enjal (deposits)**

Yes

No

☐☐**(b) NEI KURI**

1. Aravam (Serpentine fashion)	<input type="checkbox"/>	2. Mothiram (Ring)	<input type="checkbox"/>
3. Muthu (Pearl beaded appear)	<input type="checkbox"/>	4. Aravil Mothiram (Serpentine in ring fashion)	<input type="checkbox"/>
5. Aravil Muthu (Serpentine and Pearl patterns)	<input type="checkbox"/>	6. Mothirathil Muthu (Ring in pearl fashion)	<input type="checkbox"/>
7. Mothirathil Aravam (Ring in Serpentine fashion)	<input type="checkbox"/>	8. Muthil Aravam (Pearl in Serpentine fashion)	<input type="checkbox"/>
9. Muthil Mothiram (Pearl in ring fashion)	<input type="checkbox"/>	10. Asathiyam (Incurable)	<input type="checkbox"/>
11. Mellena paraval (Slow spreading)	<input type="checkbox"/>		

12. others: \_\_\_\_\_

**[2]. MANIKADAI NOOL** (Wrist circummetric sign) : \_\_\_\_\_ fbs**[3]. IYMPORIGAL /IYMPULANGAL****(Penta sensors and its modalities)**

	<b>1. Normal</b>	<b>2. Affected</b>
1. Mei (skin)	<input type="checkbox"/>	<input type="checkbox"/>
2. Vaai (Mouth/ Tongue)	<input type="checkbox"/>	<input type="checkbox"/>
3. Kan (Eyes)	<input type="checkbox"/>	<input type="checkbox"/>
4. Mookku (Nose)	<input type="checkbox"/>	<input type="checkbox"/>
5. Sevi (Ears)	<input type="checkbox"/>	<input type="checkbox"/>

**[4]. KANMENTHIRIYANGAL /KANMAVIDAYANGAL**  
**(Motor machinery and its execution)**

	<b>1. Normal</b>	<b>2. Affected</b>
1. Kai (Hands)	<input type="checkbox"/>	<input type="checkbox"/>
2. Kaal (Legs)	<input type="checkbox"/>	<input type="checkbox"/>
3. Vaai (Mouth)	<input type="checkbox"/>	<input type="checkbox"/>
4. Eruvai (Analepy)	<input type="checkbox"/>	<input type="checkbox"/>
5. Karuvaai (Birth canal)	<input type="checkbox"/>	<input type="checkbox"/>

**[5]. YAKKAI (SOMATIC TYPES)**

Vatha constitution	Pitha constitution	Kaba constitution
Lean and lanky built <input type="checkbox"/>	Thin covering of bones and joints <input type="checkbox"/>	Plumpy joints and limbs <input type="checkbox"/>
Hefty proximities of limbs <input type="checkbox"/>	by soft tissue <input type="checkbox"/>	Broad forehead and chest <input type="checkbox"/>
Cracking sound of joints on walking <input type="checkbox"/>	Always found with warmth, sweating and offensive body odour <input type="checkbox"/>	Sparkling eyes with clear sight <input type="checkbox"/>
Dark and thicker eye lashes <input type="checkbox"/>	Wrinkles in the skin <input type="checkbox"/>	Lolling walk <input type="checkbox"/>
Dark and light admixed complexion <input type="checkbox"/>	Red and yellow admixed complexion <input type="checkbox"/>	Immense strength despite poor eating <input type="checkbox"/>
Split hair <input type="checkbox"/>	Easily suffusing eyes due to heat and alcohol <input type="checkbox"/>	High tolerance to hunger, thirst and fear <input type="checkbox"/>
Clear words <input type="checkbox"/>	Sparse hair with greying <input type="checkbox"/>	Exemplary character with good memory power <input type="checkbox"/>
Scant appetite for cold food items <input type="checkbox"/>	Intolerance to hunger, thirst and heat <input type="checkbox"/>	More liking for sweet taste <input type="checkbox"/>
Poor strength despite much eating <input type="checkbox"/>	Inclination towards perfumes like sandal <input type="checkbox"/>	Husky voice <input type="checkbox"/>
Loss of libido <input type="checkbox"/>	Slender eye lashes <input type="checkbox"/>	
In generosity <input type="checkbox"/>	Pimples and moles are plenty <input type="checkbox"/>	
Sleeping with eyes half closed <input type="checkbox"/>		

**RESULTANT SOMATIC TYPE:** \_\_\_\_\_

**[6] GUNAM**1. Sathuva Gunam ☐2. Rajo Gunam ☐3. Thamo Gunam ☐**[7] UYIR THATHUKKAL****A. VALI****1. Normal****2. Affected**1. Praanan  
(Heart centre) ☐ ☐2. Abaanan  
(Matedial of muladhar centre) ☐ ☐3. Samaanan  
(Navel centre) ☐ ☐4. Udhaanan  
(Forehead centre) ☐ ☐5. Viyaanan  
(Throat centre) ☐ ☐6. Naahan  
(Higher intellectual function) ☐ ☐7. Koorman  
(Air of yawning) ☐ ☐8. Kirukaran  
(Air of salivation) ☐ ☐9. Devathathan  
(Air of laziness) ☐ ☐10. Dhananjeyan  
(Air that acts on death) ☐ ☐**B. AZHAL****1. Normal****2. Affected**1. Anala pittham  
(Gastric juice) ☐ ☐2. Prasaka pittham  
(Bile) ☐ ☐



- |   |                          |                          |
|---|--------------------------|--------------------------|
| 3. Ranjaka pittham<br>(Haemoglobin)     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Aalosaka pittham<br>(Aqueous Humour) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Saathaka pittham<br>(Life energy)    | <input type="checkbox"/> | <input type="checkbox"/> |

### C. IYYAM

- |                                       | 1. Normal                | 2. Affected              |
|---------------------------------------|--------------------------|--------------------------|
| 1. Avalambagam<br>(Serum)             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Kilethagam<br>(saliva)             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Pothagam<br>(lymph)                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tharpagam<br>(cerebrospinal fluid) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Santhigam<br>(Synovial fluid)      | <input type="checkbox"/> | <input type="checkbox"/> |

### [8] UDAL THATHUKKAL

INCREASED SAARAM (CHYLE)		DECREASED SAARAM(CHYLE)	
Loss of appetite	<input type="checkbox"/>	Loss weight	<input type="checkbox"/>
Excessive salivation	<input type="checkbox"/>	Tiredness	<input type="checkbox"/>
Loss of perseverance	<input type="checkbox"/>	Dryness of the skin	<input type="checkbox"/>
Excessive heaviness White musculature	<input type="checkbox"/>	Diminished activity of the sense organs	<input type="checkbox"/>
Cough, dysponea, excessive sleep	<input type="checkbox"/>		
Weakness in all joints of the body	<input type="checkbox"/>		

A. SAARAM: INCREASED ☐ DECREASED ☐

INCREASED CENNEER(BLOOD)	DECREASED CENNEER(BLOOD)
Boils in different parts of the body <input type="checkbox"/>	Anemia <input type="checkbox"/>
Anorexia <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Mental disorder <input type="checkbox"/>	Neuritis <input type="checkbox"/>
Splenomegaly <input type="checkbox"/>	Lassitude <input type="checkbox"/>
Colic pain <input type="checkbox"/>	Pallor of the body <input type="checkbox"/>
Increased pressure <input type="checkbox"/>	
Reddish eye and skin <input type="checkbox"/>	
Jaundice <input type="checkbox"/>	
Haematuria <input type="checkbox"/>	

B. CENNEER: INCREASED ☐ DECREASED ☐

INCREASED OON (MUSLE)	DECREASED OON (MUSLE)
Cervical lymphadenitis <input type="checkbox"/>	Impairment of sense organs <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Joint pain <input type="checkbox"/>
Tumour in face ,abdomen, thigh, genitalia <input type="checkbox"/>	Jaw, thigh and genitalia gets shortened <input type="checkbox"/>
Hyper muscular in the cervical region <input type="checkbox"/>	

C. OON: INCREASED ☐ DECREASED ☐

INCREASED KOZHUPPU (ADIPOSE TISSUE)	DECREASED KOZHUPPU (ADIPOSE TISSUE)
Cervical lymph adenitis <input type="checkbox"/>	Pain in the hip region <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Disease of the spleen <input type="checkbox"/>
Tumour in face, abdomen, thigh, genitalia <input type="checkbox"/>	
Hyper muscular in the cervical region <input type="checkbox"/>	
Dyspnoea <input type="checkbox"/>	
Loss of activity <input type="checkbox"/>	

D. KOZHUPPU: INCREASED ☐ DECREASED ☐

INCREASED ENBU (BONE)	DECREASED ENBU (BONE)
Growth in bones and teeth <input type="checkbox"/>	Bones diseases <input type="checkbox"/>
	Loosening of teeth <input type="checkbox"/>
	Nails splitting <input type="checkbox"/>
	Falling of hair <input type="checkbox"/>

E. ENBU: INCREASED ☐ DECREASED ☐

INCREASED MOOLAI (BONE MARROW)	DECREASED MOOLAI (BONE MARROW)
Heaviness of the body <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>
Swollen eyes <input type="checkbox"/>	Sunken eyes <input type="checkbox"/>
Swollen phalanges chubby fingers <input type="checkbox"/>	
Oliguria <input type="checkbox"/>	
Non healing ulcer <input type="checkbox"/>	

F. MOOLAI: INCREASED ☐ DECREASED ☐

INCREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)	DECREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)
Infatuation and lust towards women / men <input type="checkbox"/>	Failure in reproduction <input type="checkbox"/>
Urinary calculi <input type="checkbox"/>	Pain in the genitalia <input type="checkbox"/>

G. SUKKILAM/SURONITHAM: INCREASED ☐ DECREASED ☐

#### [9] MUKKUTRA MIGU GUNAM

##### I. Vali Migu Gunam

##### 1. Present

##### 2. Absent

- |                            |                          |                          |
|----------------------------|--------------------------|--------------------------|
| 1. Emaciation              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Complexion – blackish   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Desire to take hot food | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Shivering of body       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Abdominal distension    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Constipation            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Insomnia                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Weakness                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Defect of sense organs  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Giddiness              | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Lack of interest       | <input type="checkbox"/> | <input type="checkbox"/> |

##### II. Pitham Migu Gunam

##### 1. Present

##### 2. Absent

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Yellowish discolouration of skin    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Yellowish discolouration of the eye | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Yellow coloured urine               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Yellowishness of faeces             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Increased appetite                  | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| 6. Increased thirst                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Burning sensation over the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Sleep disturbance               | <input type="checkbox"/> | <input type="checkbox"/> |

### III. Kapham migu gunam

#### 1. Present

#### 2. Absent

- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| 1. Increased salivary secretion  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Reduced activeness            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Heaviness of the body         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Body colour – fair complexion | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Chillness of the body         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Reduced appetite              | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Eraippu                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Increased sleep               | <input type="checkbox"/> | <input type="checkbox"/> |

### [10]. NOIUTRA KALAM

- |                                     |                          |                                       |                          |
|-------------------------------------|--------------------------|---------------------------------------|--------------------------|
| 1. Kaarkaalam<br>(Aug15-Oct14)      | <input type="checkbox"/> | 2. Koothirkaalam<br>(Oct15-Dec14)     | <input type="checkbox"/> |
| 3. Munpanikaalam<br>(Dec15-Feb14)   | <input type="checkbox"/> | 4. Pinpanikaalam<br>(Feb15-Apr14)     | <input type="checkbox"/> |
| 5. Ilavanirkaalam<br>(Apr15-June14) | <input type="checkbox"/> | 6. Muthuvenirkaalam<br>(June15-Aug14) | <input type="checkbox"/> |

### [11]. NOI UTRA NILAM

- |                               |                          |                             |                          |                         |                          |
|-------------------------------|--------------------------|-----------------------------|--------------------------|-------------------------|--------------------------|
| 1. Kurunji<br>(Hilly terrain) | <input type="checkbox"/> | 2. Mullai<br>(Forest range) | <input type="checkbox"/> | 3. Marutham<br>(Plains) | <input type="checkbox"/> |
| 4. Neithal<br>(Coastal belt)  | <input type="checkbox"/> | 5. Paalai<br>(Desert)       | <input type="checkbox"/> |                         |                          |

[12].Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

[13]. Time of Birth

<input type="text"/>	AM	<input type="text"/>	PM	<input type="text"/>
----------------------	----	----------------------	----	----------------------

[14]. Place of Birth:

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**A STUDY ON THE SYMPTAMATOLOGY AND DIAGNOSTIC METHODOLOGY OF  
ORU THALAI VATHA BEDHAM  
FORM-IV-LABORATORY INVESTIGATIONS**

1. O.P No: \_\_\_\_\_ Lab.No \_\_\_\_\_ Serial No \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Date of birth : 

--	--

--	--

--	--	--	--

  
D D M M Y E A R

4. Age : \_\_\_\_\_ years

5. Date of assessment: \_\_\_\_\_

**BLOOD**

1. TC \_\_\_\_\_ Cells/cu mm

2. DC  
P \_\_\_\_\_% L \_\_\_\_\_% E \_\_\_\_\_% M \_\_\_\_\_% B \_\_\_\_\_%

3. Hb \_\_\_\_\_ gms%

4. ESR At 30 minutes \_\_\_\_\_ mm At 60 minutes \_\_\_\_\_mm

5. Blood Sugar-F \_\_\_\_\_mgs%

6. Blood Sugar-PP \_\_\_\_\_mg%

7. Serum Cholesterol \_\_\_\_\_mgs %

8. HDL \_\_\_\_\_ mgs%

9. LDL \_\_\_\_\_mgs%

10. Triglycerides \_\_\_\_\_mgs%

11. Blood Urea \_\_\_\_\_mgs%

12. Serum Creatinine \_\_\_\_\_mgs%

## **URINE**

1. Neerkuri \_\_\_\_\_
2. Neikuri \_\_\_\_\_
3. Sugar F&PP \_\_\_\_\_
4. Albumin \_\_\_\_\_
5. Deposits \_\_\_\_\_

## **MOTION**

1. Ova
2. Cyst
3. Occult blood

## **OTHER INVESTIGATION:**

- 1. X-ray PNS**
- 2. CT-Brain(if needed)**

**Date :**

**P.G Student**

**Lecturer**



**A STUDY ON THE SYMPTAMATOLOGY AND DIAGNOSTIC  
METHODOLOGY OF ORU THALAI VATHA BEDHAM  
FORM V - INFORMED WRITTEN CONSENT FORM**

I .....exercising my free power of choice, hereby give my consent to be included as a subject in the diagnostic trial entitled “ A study on “ORU THALAI VATHA BEDHAM”. I may be asked to give urine and blood samples during the study.

I have been informed about the study to my satisfaction by the attending investigator about the purpose of this trial, the nature of study and the laboratory investigations. I also give my consent to publish my study results in scientific conferences and reputed scientific journals for the betterment of clinical research.

I am also aware of my right to opt out of the trial at any time during the course of the trial without having to give the reasons for doing so.

Signature /thumb impression of the patient :

Date :

Name of the patient :

Signature of the investigator :

Date :

Head of the Department :

தேசிய சித்த மருத்துவ நிறுவனம், சென்னை-47.

நோய் நாடல் துறை

“ஒரு தலை வாத பேதம்” நோய் கணிப்பு முறை மற்றும் குறிகுணங்களை பற்றிய  
ஓர் ஆய்வு”

ஒப்புதல் படிவம்  
ஆய்வாளரால் சான்றளிக்கப்பட்டது

நான் - ந்த ஆய்வை குறித்த அனைத்து விபரங்களையும் நோயாளிக்கு புரியும்  
வகையில் எடுத்துரைத்தேன் என உறுதியளிக்கிறேன்.

தேதி :

கையொப்பம் :

- டம்:

பெயர் :

நோயாளியின் ஒப்புதல்

நான், \_\_\_\_\_ என்னுடைய சுதந்திரமாக தேர்வு செய்யும் உரிமையைக்  
கொண்டு - ந்கு தலைப்பிடப்பட்ட “ஒரு தலை வாத பேதம் ” நோயை  
கணிப்பதற்கான மருத்துவ ஆய்விற்கு என்னை உட்படுத்த ஒப்புதல் அளிக்கிறேன்.

என்னிடம் - ந்தமருத்துவ ஆய்வின் காரணத்தையும், மருத்துவ ஆய்வுக்கூட  
பரிசோதனைகள் பற்றி திருப்தி அளிக்கும் வகையில் ஆய்வு மருத்துவரால் விளக்கிக்  
கூறப்பட்டது.

நான் - ந்த மருத்துவ ஆய்வின் போது காரணம் எதுவும் கூறாமல், எப்பொழுது  
வேண்டுமானாலும் - ந்த ஆய்விலிருந்து என்னை விடுவித்து கொள்ளும் உரிமையை  
தெரிந்திருக்கின்றேன்.

தேதி:

- டம்:

கையொப்பம் :

பெயர் :

தேதி :

சாட்சிக்காரர் கையொப்பம் :

- டம்:

பெயர் :

**A STUDY ON ORU THALAI VATHA BEDHAM AND ITS  
SIDDHA DIAGNOSTIC METHODOLOGY  
FORM VI - PATIENT INFORMATION SHEET**

**PURPOSE OF RESEARCH AND BENEFITS:**

The diagnostic research study in which your participation is proposed to assess the diagnostic methods in Siddha methodology in ORU THALAI VATHA BEDHAM patients. Knowledge gained from this study would be of benefit to patients suffering from such conditions for the diagnosis and prognosis.

**STUDY PROCEDURE:**

You will be interviewed and examined as OP and IP patients at the study centre. At the first visit the physician will conduct a brief physical examination and assess the condition followed by Envagai thervu and routine blood and urine analysis. After matching the inclusion criteria you will be included in this study and you will be examined on the basis of Envagai thervu.

**POSSIBLE RISK:**

During this study there may be a minimum pain to you while drawing blood sample.

**CONFIDENTIALITY:**

Your medical records will be treated with confidentiality and will be revealed only to other doctors / scientists. The results of this study may be published in a scientific journal, but you will not be identified by your name.

**YOUR PARTICIPATION AND YOUR RIGHTS:**

Your participation in this study is voluntary and you may be withdrawn from this study anytime without having to give reasons for the same. You will be informed about the findings that occur during the study. If you do agree to take part in this study, your health record will need to be made available to the investigators. If you don't wish to participate at any stage, the level of care you receive will in no way be affected. The Ethics committee

cleared the (IEC No. NIS/IEC/2016/11- 29 /14.10.2016) study for undertaking at OPD and IPD, NIS. Should any question arise with regards to this study you contact following person

**P.G student:**

Dr. P.PREETHA

Department of Noi Naadal

National Institute of Siddha

Chennai-600 047.

தேசிய சித்த மருத்துவ நிறுவனம், சென்னை-47.

நோய் நாடல் துறை

“ஒரு தலை வாத பேதம்” நோய் கணிப்பு முறை மற்றும் குறிகுணங்களை பற்றிய ஓர் ஆய்வு”

நோயாளியின் தகவல் படிவம்

ஆய்வின் நோக்கமும் பயனும்:

தாங்கள் பங்கேற்கும் இவ்வாய்வு “ஒரு தலை வாத பேதம்” நோய் கணிப்பு முறை மற்றும் குறிகுணங்களை பற்றிய ஓர் ஆய்வு” சித்த மருத்துவ முறையில் நோயை கணிப்பதற்கான ஓர் ஆய்வுமுறை. - வ்வாய்வு தங்களின் நோய்கணிப்பை பற்றியும் நோயின் போக்கை பற்றியும் அறிய உதவும்.

ஆய்வு முறை:

தாங்கள் நேர்காணல் மற்றும் பரிசோதனைகளின் மூலம் உள்நோயாளி, வெளிநோயாளி பிரிவில் ஆய்வு செய்யப்படுவீர்கள். முதல் நேர்காணலின்போது ஆய்வாளரால் உடல் பரிசோதனை, நீர், - ரத்தம், மற்றும் மலம் பரிசோதனை செய்து குறிப்பிட்ட குறிகுணங்கள் - ரூப்பின் - வ்வாய்விற்காக எடுத்துக்கொள்ளப்படுவீர்கள்.

நேரும் உபாதைகள்:

- வ்வாய்வில் - ரத்த பரிசோதனைக்காக - ரத்தம் எடுக்கும்போது சிறிதளவு வலி ஏற்படலாம்.

மந்தணம் :

தங்களின் மருத்துவ ஆவணங்கள் அனைத்தும் மருத்துவர், ஆய்வாளர் அல்லாத பிறரிடம் தெரிவிக்கப்படமாட்டாது.

நோயாளியின் பங்களிப்பும் உரிமைகளும்:

- வ்வாய்வில் தங்களின் பங்கேற்பு தன்னிச்சையானது. - வ்வாய்வில் தாங்கள் ஒத்துழைக்க - யலவில்லையெனில் எப்பொழுது வேண்டுமானாலும் காரணம் எதுவும் கூறாமல் விலகிக்கொள்ளலாம். - வ்வாய்வின்போது அறியப்படும் தகவல்கள் தங்களுக்கு தெரிவிக்கப்படும். நோயாளியின் ஒப்புதலுக்கிணங்க நோய்கணிப்பு விவரங்களை ஆய்வாளர் பயன்படுத்திக்கொள்வார். நோயாளி ஆய்வினிடையே ஒத்துழைக்க மறுத்தாலும் எந்த நிலையிலும் நோயாளியை கவனிக்கும் விதம்

பாதிக்கப்பட மாட்டது. நிறுவன நெறிமுறை குழுமம் (Institutional Ethical committee) மேற்கண்ட ஆய்வினை மேற்கொள்ள ஒப்புதல் அளித்துள்ளது.

ஆய்வு குறித்த சந்தேகங்கள் - ரூப்பின் கீழ்க்கண்ட நபரை தொடர்பு கொள்ளவும்.

பட்டமேற்படிப்பாளர் :

மரு. ப. பிரித்தா

நோய் நாடல் துறை

தேசிய சித்த மருத்துவ நிறுவனம்,

சென்னை-47.

மின் அஞ்சல் –preetha.p156@gmail.com

தொலைபேசி எண்- 8489010207



# SRI RAMACHANDRA HOSPITAL

Porur, Chennai - 600 116.  
Ph. : 24768027, 31 - 33  
Fax : 091-44-24765995

Patient Name:	SATHISH	Study Date Time:	10-Feb-2018
Age/ Sex:	25 Years M	Study:	brain(plain) ct / OP
Patient ID:	0021086925	Accession Number:	02100838939040
Referring Physician:	DR MADHAVAN K	E-Sign Date:	10-Feb-2018 10:28:27

## CT - BRAIN

**CLINICAL HISTORY:** headache for evaluation

**TECHNIQUE:** Serial axial sections of the brain were studied from the base of the skull to the vertex.

### **FINDINGS:**

No acute infarct / bleed noted.  
No focal lesions identified in the brain parenchyma.  
Grey and white matter differentiation maintained.  
Basal ganglia and internal capsule appear normal.  
Brain stem and cerebellum are normal.  
Sulcal and gyral pattern appears normal.  
Ventricles and cisterns appear normal. No evidence of midline shift seen.  
Sellar, suprasellar and parasellar regions appear normal.  
Visualized calvarial bones do not reveal any focal lytic or sclerotic foci.  
Visualized portions of the paranasal sinuses and orbits appear normal.

### **IMPRESSION:**

- CT STUDY OF THE BRAIN SHOWS NO SIGNIFICANT ABNORMALITY.

**DR. HARINI.G. MDRD.**

This report is electronically generated and Signed by the Doctor.





# **INTRODUCTION**

# **AIM & OBJECTIVES**

**REVIEW  
OF LITERATURE  
(SIDDHA)**

**READING BETWEEN  
LINES OF ORU THALAI  
VATHA BEDHAM - FROM  
YUGI PHRASES TO  
MODERN LITERATURE**

**REVIEW OF  
LITERATURE  
ORU THALAI VATHA  
BEDHAM**

**PATHOGENESIS OF  
ORU THALAI VATHA  
BEDHAM**

# **DIFFERENTIAL DIAGNOSIS**

# **MODERN ASPECTS**



# **LINE OF TREATMENT & DIETARY REGIMEN**

# **MATERIALS AND METHODS**

# **OBSERVATION AND RESULTS**

# **DISCUSSION**

# **SUMMARY AND CONCLUSION**

# **BIBLIOGRAPHY**

# **ANNEXURES**

# **ACKNOWLEDGEMENT**